

PACKET #2

External Review
of

PROGRAM-SPECIFIC DRAFT RULES FOR:

CHAPTER 388-877A WAC MENTAL HEALTH SERVICES

CHAPTER 388-877B WAC CHEMICAL DEPENDENCY SERVICES

CHAPTER 388-877C WAC PROBLEM AND PATHOLOGICAL GAMBLING SERVICES

OUTPATIENT MENTAL HEALTH SERVICES

WAC 388-877A-0100 Outpatient mental health services--General.

The rules in WAC 388-877A-0100 through 388-877A-0195 apply to behavioral health agencies that provide outpatient mental health services. The definitions in WAC 388-877-0200 also apply to outpatient mental health services.

- (1) Outpatient mental health services are intended to improve and/or reduce symptoms, and resolve situational disturbances for individuals in the areas of relational, occupational and/or vocational concerns.
- (2) Outpatient mental health services include:
 - (a) Brief intervention treatment services (see WAC 388-877A-0140);
 - (b) Individual therapy services (see WAC 388-877A-0145);
 - (c) Group therapy services (see WAC 388-877A-0150);
 - (d) Family therapy services (see WAC 388-877A-0155);
 - (e) Therapeutic psycho-education services (see WAC 388-877A-0160);
 - (f) High intensity treatment services (see WAC 388-877A-0165);
 - (g) Case management services (see WAC 388-877A-0170).
 - (h) Peer support services (see WAC 388-877A-0175);
 - (i) Psychiatric medication services (see WAC 388-877A-0180);
 - (j) Medication support services (see WAC 388-877A-0185);
 - (k) Day support services (see WAC 388-877A-0190);
 - (l) Community support (less restrictive alternative) (see WAC 388-877A-0195); and
 - (m) Residential treatment facility (see WAC 388-877A-0197).
- (3) An agency providing outpatient mental health services to individuals must:
 - (a) Be licensed by the department as a behavioral health agency.
 - (b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC.
 - (c) Have policies and procedures to support and implement the:
 - (i) General requirements in this chapter; and

- (ii) Program-specific requirements in WAC 388-877A-0140 through 388-877A-0197 for each outpatient mental health service provided.
 - (iii) Department of Corrections Access to Confidential Mental Health Information requirements in WAC 388-865-600 through 388-865-0640.
- (4) At the verbal or written request of the individual, the agency must:
 - (a) Include the individual's family members, significant others, and other relevant treatment providers in the services provided by the agency; and
 - (b) Document the request in the individual's clinical record.
- (5) If an individual has a crisis plan:
 - (a) The crisis plan must be placed in the individual's clinical record.
 - (b) The clinical record must contain a consent form signed by the individual that meets state and federal confidentiality rules and laws, and allows the agency to make the crisis plan available, twenty-four-hours-a-day, seven-days-a-week to:
 - (i) Designated mental health professionals;
 - (ii) Crisis team members; and
 - (iii) Voluntary and involuntary inpatient evaluation and treatment facilities.
- (6) For the purpose of emergency communication, and as required by RCW 71.05.710, an agency must provide a wireless telephone, or comparable device, to any mental health professional who makes home visits to individuals.
- (7) An agency that provides services at an off-site location(s) must:
 - (a) Maintain a current list of each location where the off-site services are provided.
 - (b) Include, for each off-site location:
 - (i) The name and address of the location the services are provided;
 - (ii) The primary purpose of the off-site location;
 - (iii) The service provided; and
 - (iv) The date off-site services began at that location.
 - (c) Implement and maintain a written protocol of how the agency:
 - (i) Maintains an individual's confidentiality at the off-site location;
 - (ii) Transports confidential information and individual records between the licensed agency and the off-site location, if applicable.
 - (d) Be certified to provide the type of service offered at each off-site location.
 - (e) Ensure the off-site locations meet the requirement of all applicable local, state, and federal rules and laws.

WAC 388-877A-0110 Outpatient mental health services—Agency staff requirements.

In addition to meeting the agency administration and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing outpatient mental health services must ensure:

- (1) All outpatient mental health services are provided by, or under the supervision of, a mental health professional;
- (2) Each staff member working directly with an individual receiving mental health services receives:
 - (a) Clinical supervision from a mental health professional and/or a licensed department of health independent practitioner;
 - (b) Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030.
- (3) Staff access to consultation with a psychiatrist or a physician who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder.

WAC 388-877A-0120 Outpatient mental health services—Clinical record content and documentation.

In addition to meeting the general clinical record content requirements in WAC 388-877-0640, an agency providing any outpatient mental health service is responsible for an individual's clinical record. The clinical record must document:

- (1) That the agency requested a copy of and placed in the record, if provided, the following:
 - (a) Discharge summaries and/or evaluations resulting from outpatient or inpatient mental health services received within the last five years, if available; and
 - (b) Any crisis plan that has been developed.
- (2) Any previously accessed inpatient or outpatient services and/or medications to treat a mental health condition.
- (3) That services were provided by, or under the clinical supervision of, a mental health professional.
- (4) Any clinical consultation, evaluation, or oversight provided.
- (5) Each service session that includes the date, time, duration, participant names, a brief summary of the session, and the name of the staff member who provided it.
Documentation must occur in a timely manner and before any subsequently scheduled appointments of the same type of service session.
- (6) That the individual was provided with information and education about the individual's mental illness.
- (7) Any referrals to other services and supports, including referrals to treatment for co-occurring disorders and health care.
- (8) That with the individual's consent, the individual's self-identified family members and significant others were provided with information and education about the individual's mental illness.
- (9) The additional requirements in WAC 388-877A-0180 were met for an agency providing services to an individual on a less restrictive alternative.
- (10) Discharge information, including a brief summary of:
 - (a) The diagnosis;
 - (b) The services provided;
 - (c) Prescribed medication(s) at the time of discharge, if applicable;
 - (d) The treatment outcomes;
 - (e) Any recommendations for continued care; and
 - (f) Any relevant legal information.

WAC 388-877A-0130 Outpatient mental health services—Initial assessment.

In addition to the initial assessment requirements in WAC 388-877-0610, an agency providing any outpatient mental health service must ensure the clinical mental health components of the assessment:

- (1) Are provided by a mental health professional.
- (2) Are completed within ten days from the date services were requested.
- (3) Gather sufficient information to determine if a mental illness exists and if there are services available to address the individual's needs.
- (4) Document presenting problem(s) as described by the individual. The agency may contact the person(s) who provide active support to the individual in order to validate and/or obtain further information regarding the individual's presenting problem:
 - (a) Only at the request of the individual, if the individual is thirteen years of age or older; or
 - (b) At the agency's discretion, if the individual is twelve years of age or younger.

- (5) Contain sufficient clinical information, including a review of any documentation of a mental health condition provided by the individual, to justify the diagnosis using criteria in the:
 - (a) Diagnostic and Statistical Manual (DSM IV TR, 2000) as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
- (6) Contain a developmental history if the individual is a child.

WAC 388-877A-0135 Outpatient mental health services—Individual service plan.

In addition to the individual service plan requirements in WAC 388-877-0620, an agency providing any outpatient mental health service must ensure the following for an individual service plan. The individual service plan must:

- (1) Be completed within thirty days from the date of the first session following the initial assessment.
- (2) Be consumer-driven, strength-based, and meet the individual's unique mental health needs.
- (3) Be developed in collaboration with the individual, or the individual's parent or legal representative, if applicable.
- (4) Be initiated with at least one goal identified by the individual, or the individual's parent or legal representative, if applicable, during the initial assessment or the first service session following the assessment.
- (5) Document approval by a mental health professional, if the staff member developing the plan is not a mental health professional.
- (6) Document that the plan was updated to reflect any changes in the individual's treatment needs, or as requested by the individual or, if applicable, the individual's parent or legal representative.
- (7) Document coordination with any systems or organizations the individual identifies as being relevant to treatment, with the individual's consent, or the consent of the individual's parent or legal representation, if applicable. This includes coordination with any individualized family service plan (IFSP) when serving an individual three years of age or younger.
- (8) Identify service modalities, mutually agreed upon by the individual and provider, for this treatment episode.
- (9) Document that the plan has been reviewed with the individual.

WAC 388-877A-0140 Outpatient mental health services—Brief intervention treatment.

Brief intervention treatment services are solution-focused and outcome-oriented cognitive and behavioral interventions, intended to resolve situational disturbances. These services do not require long term treatment, and do not include ongoing care, maintenance, or monitoring of the individual's current level of function or assistance with self-care or life skills training.

- (1) An agency providing brief intervention treatment services to individuals must meet the individual service plan requirements in WAC 388-877-0620 and ensure the individual service plan identifies a course of treatment to be completed in six months or less.
- (2) The initial assessment and individual service plan requirements in WAC 388-877A-0130 and 388-877A-0135 do not apply to brief intervention treatment.

- (3) An individual may move from brief intervention treatment to longer term outpatient mental health services at any time.

WAC 388-877A-0145 Outpatient mental health services—Individual therapy.

Individual therapy services are designed to assist an individual in attaining the goals identified in the individual service plan. These services are conducted with the individual, the individual's family, and/or significant others as identified by the individual. An agency providing individual treatment services must ensure treatment is provided by:

- (1) A mental health professional; or
- (2) A licensure candidate under the supervision of a mental health professional.

WAC 388-877A-0150 Outpatient mental health services—Group therapy services.

Group therapy services are provided to an individual in a group setting to assist the individual in attaining the goals described in the individual service plan. An agency providing group therapy services must:

- (1) Have a written description of each group's purpose.
- (2) Ensure group services are provided with a staff ratio of one staff member for a group containing no more than twelve individuals.
- (3) Ensure a group does not contain more than twenty-four individuals.
- (4) Ensure all non-mental health professionals facilitating a group receive supervision by a mental health professional. The mental health professional must document the supervision. Any group containing more than twelve individuals must have at least one facilitator or co-facilitator that is a mental health professional.
- (5) Ensure group notes are recorded in each individual's clinical record before the next group meeting. Group notes must include the attendance of the individual, the participation of the individual, progress towards goals stated in the individual's service plan, and any significant events shared by the individual.

WAC 388-877A-0155 Outpatient mental health services—Family therapy services.

Family therapy services are services provided for the direct benefit of an individual, with family members and/or other relevant persons in attendance. Interventions must identify and build competencies to strengthen family functioning in relationship to the individual's identified goals. The individual may or may not be present. An agency providing family therapy services must:

- (1) Ensure the services are provided by:
 - (a) A mental health professional who has formal training in child and family therapy.
 - (b) A licensure candidate under the supervision of a marriage and family therapist licensed by department of health under chapter 18.19 RCW.
- (2) With the individual's written consent, provide information and education about the individual's illness to family members of other relevant persons in order to assist the individual in managing the mental illness.

WAC 388-877A-0160 Outpatient mental health services—Therapeutic psycho-education services.

Therapeutic psycho-education services are services that are informational and experiential, designed to increase knowledge, assist in the management of the mental illness, and aid an individual, the individual's family members, and others identified by the individual. An agency providing therapeutic psycho-education services must have a written description of the service provided.

WAC 388-877A-0165 Outpatient mental health services—High intensity treatment services.

High intensity treatment services are intensive levels of services provided to an individual by a multi-disciplinary treatment team in the community. Services are provided based on the individual's needs and goals and include the reinforcement of safety, the promotion of stability and independence of the individual, and restoration to a higher level of functioning. The multi-disciplinary team works to provide services designed to rehabilitate an individual who is experiencing severe symptoms and thereby avoid psychiatric inpatient hospitalization or residential placement.

An agency providing high intensity treatment services must ensure services of the multi-disciplinary team are available twenty-four-hours-a-day, seven days a week, to meet the needs of the individual. Treatment teams may include a peer counselor.

WAC 388-877A-0170 Outpatient mental health services—Case management services.

Case management services are services that meet the ongoing assessment, facilitation, care coordination and advocacy for options and services to meet an individual's needs through communication and available resources, to promote quality and effective outcomes. Case management services assist an individual to achieve the case management goals stated in the individual service plan. These services support consumer employment, education and/or participation in other daily activities appropriate to the individual's age, gender and culture. Case management services assist an individual to resolve crises in the least restrictive setting.

Rehabilitative case management services include specific rehabilitative services provided before an initial assessment to assist in an individual's discharge from an inpatient facility and minimize the risk of readmission to an inpatient setting.

WAC 388-877A-0175 Outpatient mental health services—Peer support services.

Peer support services are a wide range of activities provided to assist an individual in exercising control over their own lives and recovery process. Examples of peer support services are developing self-advocacy and natural supports, maintaining living skills, and promoting socialization. Services include the practice of peer counselors who share their own life experiences related to mental illness to build alliances that enhance the individual's ability to function. Peer support services are intended to augment and not supplant other necessary mental health services. An agency providing peer support services must:

- (1) Ensure services are provided by a peer counselor credentialed under WAC 388-865-0107, under the consultation, facilitation, or supervision of a mental health professional.
- (2) Ensure that services are provided by peer counselors who are within the scope of the peer counselor's training and credential.
- (3) Provide peer counselors with annual training that is relevant to their unique working environment.
- (4) Ensure the individual service plan defines the frequency, duration, and expected outcome of all peer support services provided by a peer counselor.
- (5) Ensure the peer counselor documents objective progress toward the goals established in the individual service plan for each service encounter with an individual.

WAC 388-877A-0180 Outpatient mental health services—Psychiatric medication services.

Psychiatric medication services are a variety of activities related to prescribing and/or administering medication, including monitoring an individual for side effects and changes as needed. Medication services may be provided in consultation with the individual's therapist and/or case manager and may be combined with psychotherapy services. An agency providing psychiatric medication services must:

- (1) Ensure that the services are provided by a prescriber licensed by department of health who is practicing within the scope of that practice.
- (2) Ensure that all medications administered by staff are administered by staff practicing within the scope of their practice.
- (3) Have a process by which the medication prescriber informs the individual, and/or the legally responsible party, and, as appropriate, family members, of the potential effects and side effects of the prescribed medication(s).
- (4) Complete an inventory every three months of all medication stored.
- (5) Maintain a medication log of all medication received, prescribed, and dispensed.
- (6) Ensure that all medications maintained by the agency are safely and securely stored, including assurance that:
 - (a) Medications are kept in locked cabinets within a well-illuminated, locked and properly ventilated room;
 - (b) Medications kept for individuals on medication administration or self-administration programs are clearly labeled and stored separately from medication samples kept on site;
 - (c) Medications marked "for external use only" are stored separately from oral or injectable medications;
 - (d) Refrigerated food or beverages used in the administration of medications are kept separate from the refrigerated medications by the use of trays or other designated containers;
 - (e) Syringes and sharp objects are properly stored and disposed of;
 - (f) Refrigerated medications are maintained at the required temperature; and
 - (g) Outdated medications are disposed of in accordance with the regulations of the state board of pharmacy and no outdated medications are retained.
- (7) Ensure that the individual clinical record contains the following documentation:
 - (a) The individual was informed of the benefits and possible side effects of each prescribed medication.
 - (b) The effects, interactions, and side effects the staff observe or the individual reports spontaneously or as the result of questions from staff members.
 - (c) Clinical notes that include:

- (i) The name and signature of the prescribing psychiatric ARNP, board eligible psychiatrist, or physician;
 - (ii) The name and purpose of each medication prescribed;
 - (iii) The dosage, frequency, and method of giving each medication;
 - (iv) Identification of medications requiring laboratory monitoring and a frequency schedule for monitoring;
 - (v) The reasons for changing or stopping any medication; and
 - (vi) The dates the medication was prescribed, reviewed and renewed, as applicable.
- (d) That any written orders to administer/discontinue a medication are generated by a licensed health care provider, within the scope of the provider's practice, and that:
- (i) Written, dated orders are signed by the licensed prescriber within twenty-four hours; and
 - (ii) Telephone orders are reviewed and signed off on by the ordering licensed health care provider, within the scope of the provider's practice, within twenty-four hours and include:
 - (A) Documentation that clearly demonstrates emergency circumstances that required a phone order;
 - (B) The name and signature of the individual authorized by department of health whose scope of practice includes taking physician's orders over the telephone; and
 - (C) The time, date and exact details of the telephone order.

WAC 388-877A-0185 Outpatient mental health services—Medication support services.

Medication support services are services performed for the purpose of facilitating medication adherence and occur face-to-face with an individual. These services may include one-on-one cueing, observing, and encouraging an individual to take medication as prescribed. Medication support services also include reporting any pertinent information related to individual's adherence to the medication back to the agency that is providing psychiatric medication services. The services may take place at any location, for as long as it is clinically necessary, and are provided to an individual with a history of low medication adherence, an individual newly on medication, and to an individual new to the specific medication prescribed. An agency providing medication support services must:

- (1) Ensure the services are provided by, or under the supervision of, a mental health professional.
- (2) Ensure that the staff positions responsible for providing medication monitoring and/or delivery services are clearly identified in the agency's medication support services policy.
- (3) Have appropriate written policies and procedures in place when the agency providing medication support services maintains and/or delivers medication to the individual. These policies and procedures must address:
 - (a) The maintenance of a medication log documenting medications that are received, prescribed, and dispensed.
 - (b) Reasonable precautions when transporting medications to the intended individual and assurance of staff safety.
 - (c) The prevention of contamination of medication during delivery, if delivery is provided.

- (d) Ensuring that all medications maintained by staff in the agency are safely and securely stored, as follows:
 - (i) Medications must be kept in locked cabinets within a well-illuminated, locked and properly ventilated room;
 - (ii) Medications kept for individuals on medication administration or self-administration programs must be clearly labeled and stored separately from medication samples kept on site;
 - (iii) Medications marked "for external use only" must be stored separately from oral or injectable medications;
 - (iv) Refrigerated food or beverages used in the administration of medications must be kept separate from the refrigerated medications by the use of trays or other designated containers;
 - (v) Syringes and sharps must be properly stored and disposed of;
 - (vi) Refrigerated medications must be maintained at the required temperatures; and
 - (vii) Outdated medications are disposed of in accordance with the regulations of the state board of pharmacy, and no outdated medications are retained.
- (4) Ensure that the clinical record contains:
 - (a) The individual's service plan that includes medication monitoring services.
 - (b) Documentation of observations on the individual's behavior indicating the effects, interactions, and side effects of prescribed medication, as necessary.
 - (c) Documentation of regular reviews of the individual's adherence to the medication monitoring plan as reflected in the individual service plan.
 - (d) Documentation of reports to the prescriber about medication adherence and/or side effects.

WAC 388-877A-0190 Outpatient mental health services—Day support services.

Day support services are services in an intensive rehabilitative program that provides a range of integrated and varied life skills training. Day support services are designed to assist an individual in the acquisition of skills, retention of current functioning, or improvement in the current level of functioning, appropriate socialization, and adaptive coping skills. Services include training in basic living and social skills, and educational, vocational, pre-vocational, and day activities. Day support services may include therapeutic treatment. An agency providing day support services must ensure:

- (1) There is at least one staff member providing services to twenty or fewer individuals;
- (2) Staff is available five hours per day, five days per week to provide support services to individuals; and
- (3) The services occur in an environment easily accessible to the individual.

WAC 388-877A-0195 Outpatient mental health services—Community support (less restrictive alternative).

Community support services are outpatient services provided to individuals on a less restrictive alternative court order. The court system assigns an individual to an agency and the agency agrees to provide or monitor the provision of court-ordered services, including psychiatric and medical components of community support services. An agency providing community support services must:

- (1) Ensure and document that the agency:
 - (a) Maintains written procedures for managing assaultive and/or self-destructive individual behavior; and
 - (b) Provides training to staff members on intervention.
- (2) Have a written policy and procedure that allows for the referral of an individual to an involuntary treatment facility twenty-four-hours-a-day, seven-days-a-week.
- (3) Have a written policy and procedure for an individual who requires involuntary detention that includes procedures for:
 - (a) Contacting the designated mental health professional (DMHP) regarding revocations or extension of a less restrictive alternative; and
 - (b) The transportation an individual, in a safe and timely manner, for the purpose of:
 - (i) Evaluation; or
 - (ii) Evaluation and detention.
- (4) Ensure a detained and committed individual is advised of their rights under chapter 71.05 or 71.34 RCW, as applicable, and that the individual has the right:
 - (a) To receive adequate care and individualized treatment;
 - (b) To make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four hours before any court proceeding that the individual has the right to attend;
 - (c) To maintain the right to be presumed competent and not lose any civil rights as a consequence of receiving evaluation and treatment for a mental disorder;
 - (d) Of access to attorneys, courts, and other legal redress;
 - (e) To have the right to be told statements the consumer makes may be used in the involuntary proceedings; and
 - (f) To have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as described in chapters 70.02, 71.05, and 71.34 RCW.
- (5) Include in the clinical record a copy of the less restrictive alternative court order and a copy of any subsequent modification.
- (6) Ensure the development and implementation of an individual service plan which addresses the conditions of the less restrictive alternative court order and a plan for transition to voluntary treatment.
- (7) Ensure that the individual receives psychiatric medication services for the assessment and prescription of psychotropic medications appropriate to the needs of the individual. These services must be provided:
 - (a) At least one time every seven days for an individual on a fourteen-day less restrictive alternative court order.
 - (b) At least one time every thirty days for an individual on a ninety-day or one hundred eighty-day less restrictive alternative court order, unless the individual's attending physician determines another schedule is more appropriate and documents the new schedule and the reason(s) in the individual's clinical record.
- (8) Keep a record of the periodic evaluation of each committed individual for release from, or continuation of, an involuntary treatment order. Evaluations must occur at least every thirty days for both ninety-day and one hundred eighty-day commitments.

WAC 388-877A-0197 Outpatient mental health services—Residential treatment facility (RTF).

A residential treatment facility (RTF) provides mental health treatment services to an individual with a mental disorder. An agency that operates a mental health RTF must:

- (1) Be a facility licensed by the department of health under chapter 264-337 WAC;
- (2) Be certified for and provide the following outpatient services:
 - (a) Case management services (see WAC 388-877A-0170);
 - (b) Community support (less restrictive alternative) (see WAC 388-877A-0195);
and
 - (c) Medication support services (see WAC 388-877A-0185.)

CRISIS MENTAL HEALTH SERVICES

WAC 388-877A-0200 Crisis mental health services—General.

The rules in WAC 388-877A-0200 through 377A-0270 apply to behavioral health agencies that provide crisis mental health services. The definitions in WAC 388-877-0200 also apply to crisis mental health services.

- (1) Crisis mental health services are intended to stabilize an individual in crisis to:
 - (a) Prevent further deterioration;
 - (b) Provide immediate treatment and intervention in a location best suited to meet the needs of the individual; and
 - (c) Provide treatment services in the least restrictive environment available.
- (2) Crisis mental health services include:
 - (a) Crisis telephone support (see WAC 388-877A-0230);
 - (b) Crisis outreach services (see WAC 388-877A-0240);
 - (c) Crisis stabilization services (see WAC 388-877A-0250);
 - (d) Crisis peer support services (see WAC 388-877A-0260); and
 - (e) Emergency involuntary detention services (see WAC 388-877A-0270).
- (3) An agency providing any crisis mental health service to an individual must:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Be certified by the department to provide crisis mental health services;
 - (c) Meet the applicable behavioral health agency licensure, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (d) Have policies and procedures to support and implement the:
 - (i) General requirements in this chapter;
 - (ii) Program-specific requirements in WAC 388-877A-0230 through WAC 388-877A-0270 for each crisis mental health service provided; and
 - (iii) Department of Corrections Access to Confidential Mental Health Information requirements in WAC 388-865-600 through 388-865-0640.

- (4) An agency providing crisis mental health services only is not required to meet the initial assessment, individual service plan, and clinical record requirements in WAC 388-877-0610, 388-877-0620, and 388-877-0640.
- (5) An agency must ensure crisis mental health services:
 - (a) Are, with the exception of stabilization services, available twenty-four hours a day, seven days a week;
 - (b) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis; and
 - (c) Are provided in a setting that provides for the safety of the individual and agency staff members.
- (6) An agency providing involuntary crisis mental health services must hold a contract with the county in which it is located, or the appropriate regional support network (RSN).

WAC 388-877A-0210 Crisis mental health services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing any crisis mental health service must ensure:

- (1) All crisis mental health services are provided by, or under the supervision of, a mental health professional;
- (2) Each staff member working directly with an individual receiving any crisis mental health service in WAC 388-877A-0230 through 388-877A-0270 receives:
 - (a) Clinical supervision from a mental health professional and/or an independent practitioner licensed by department of health; and
 - (b) Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
- (3) With the exception to providing crisis telephone services, staff access to consultation with a psychiatrist or a physician who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder.

WAC 388-877A-0220 Crisis mental health services—Record content and documentation requirements.

An agency providing any crisis mental health service in WAC 388-877A-0230 through 388-877A-0270 must maintain a record that contains timely documentation. Documentation must include the following, as applicable to the crisis service provided:

- (1) Each crisis service encounter, including the date, time, and duration of the encounter;
- (2) The names of the participants;
- (3) A brief summary of the service encounter; and
- (4) A follow-up plan, including any referrals for services, including emergency medical services.

WAC 388-877A-0230 Crisis mental health services--Telephone support services.

Telephone support services are services provided as a means of first contact to an individual in crisis. These services may include de-escalation and referral.

- (1) An agency providing telephone support services must:
 - (a) Respond to crisis calls twenty-four-hours-a-day, seven-days-a week.
 - (b) Have a written protocol for the referral of an individual to voluntary or involuntary treatment facility for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the designated mental health professional.
 - (c) Assure communication and coordination with the individual's mental health care provider, if indicated and appropriate.
 - (d) Post a copy of the statement of individual rights in a location visible to staff and agency volunteers.
- (2) An agency must document each telephone crisis response contact made, including:
 - (a) The date, time, and duration of the telephone call;
 - (b) The person making the call and the relationship of the caller to the person in crisis, for example self, family member, or friend;
 - (c) Whether the individual in crisis has a crisis plan; and
 - (d) The outcome of the call, including:
 - (i) If applicable, the basis for a decision not to respond in person;
 - (ii) Follow-up contacts made;
 - (iii) Referrals made, including referrals to emergency or other medical services; and
 - (iv) The name of the staff person who took the crisis call.

WAC 388-877A-0240 Crisis mental health services—Outreach services.

Crisis outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location. An agency providing crisis outreach services must:

- (1) Provide crisis telephone screening.
- (2) Have staff available twenty-four-hours-a-day, seven-days-a-week to respond to a crisis.
- (3) Ensure face-to-face outreach services are provided by a mental health professional.
- (4) Ensure services are provided in a setting that provides for the safety of the individual and agency staff members.
- (5) Have a protocol for requesting a copy of an individual's crisis plan twenty-four-hours-a-day, seven-days-a-week.

- (6) Require that staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.
- (7) Resolve the crisis in the least restrictive manner possible.
- (8) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a non-public setting.
- (9) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other non-public location.
- (10) Ensure that any mental health professional who engages in home visits is provided by their employer with a wireless telephone, or comparable device for the purpose of emergency communication as described in RCW 71.05.710.
- (11) Provide staff members, who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). The information must be made available without unduly delaying the crisis response.
- (12) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four-hours-a-day, seven-days-a-week.
- (13) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
- (14) Document all crisis response contacts, including:
 - (a) The date, time, and location of the initial contact.
 - (b) The source of referral or identity of caller.
 - (c) The nature of the crisis.
 - (d) Whether the individual has a crisis plan and any attempts to obtain a copy.
 - (e) The time elapsed from the initial contact to the face-to-face response.
 - (f) The outcome, including:
 - (i) The basis for a decision not to respond in person;
 - (ii) Any follow-up contacts made; and
 - (iii) Any referrals made, including referrals to emergency medical services.
 - (g) The name of the staff person(s) who responded to the crisis.

WAC 388-877A-0260 Crisis mental health services—Stabilization services.

Crisis stabilization services include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an individual. Stabilization services may be provided to an individual as a follow-up to crisis services provided or to any individual determined by a mental health professional to need additional stabilization services. An agency providing crisis stabilization services must:

- (1) Ensure the services are provided by a mental health professional.

- (2) Ensure the services are provided in a setting that provides for the safety of the individual and agency staff.
- (3) Have a written plan for training for staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a non-public setting.
- (4) Have a protocol for requesting a copy of an individual's crisis plan twenty-four-hours-a-day, seven-days-a-week.
- (5) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other non-public location.
- (6) Ensure that any mental health professional who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.
- (7) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility seven-days-a-week, twenty-four-hours-a-day.
- (8) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
- (9) Document all crisis stabilization response contacts, including identification of the staff persons who responded.

WAC 388-877A-0270 Crisis mental health services--Peer support services.

Crisis peer support services provide a wide range of activities to assist an individual in exercising control over their own life and recovery process.

- (1) Peer support services:
 - (a) Include:
 - (i) Developing self-advocacy and natural supports;
 - (ii) Maintenance of community living skills;
 - (iii) Promoting socialization skills;
 - (iv) The practice of peer counselors sharing their own life experiences related to mental illness to build alliances that enhance the individual's ability to function.
 - (b) Are intended to augment and not supplant other necessary mental health services.
- (2) An agency providing crisis peer support services must:
 - (a) Ensure services are provided by a peer counselor, properly credentialed under WAC 388-865-0107, under the supervision of a mental health professional.
 - (b) Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential.
 - (c) Ensure that a peer counselor responding to a crisis is accompanied by a mental health professional.
 - (d) Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.

- (e) Ensure peer counselors receive annual training that is relevant to their unique working environment.

WAC 388-877A-0270 Crisis mental health services--Emergency involuntary detention services.

Emergency involuntary detention services are services provided by a designated mental health professional to evaluate an individual in crisis and determine if involuntary services are required. An agency providing emergency involuntary detention services must:

- (1) Ensure that services are provided by a designated mental health professional.
- (2) Ensure staff members are available twenty-four-hours-a-day, seven-days-a-week.
- (3) Ensure staff members utilize the protocols for designated mental health professionals required by RCW 71.05.214.
- (4) Have a written agreement with a certified inpatient evaluation and treatment facility to allow admission of an individual twenty-four-hours-a-day, seven-days-a-week.
- (5) Have a plan for training, staff back-up, information sharing, and communication for a staff member who responds to a crisis in a private home or a non-public setting.
- (6) Ensure that a designated mental health professional(s) is able to be accompanied by a second trained individual.
- (7) Ensure that a designated mental health professional who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.
- (8) Provide staff members, who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.
- (9) Require that a mental health professional remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished.
- (10) Have a written protocol for the transportation of an individual, in a safe and timely manner, for the purpose of medical evaluation or detention.
- (11) Ensure that when a peace officer or designated mental health professional escorts an individual to a facility, the designated mental health professional takes reasonable precautions to safeguard the individual's property including:
 - (a) Safeguarding the individual's property in the immediate vicinity of the point of apprehension;
 - (b) Safeguarding belongings not in the immediate vicinity if there may be possible danger to those belongings; and
 - (c) Taking reasonable precautions to lock and otherwise secure the individual's home or other property as soon as possible after the individual's initial detention.
- (12) Document services provided to the individual. At a minimum this must include:
 - (a) That the evaluation was conducted in accordance with the timelines required by RCW 71.05.050 and 71.05.153.

- (b) That the individual was advised of their rights in accordance with RCW 71.05.360.
- (c) If the individual was not detained, a description of the disposition and follow-up plan.
- (d) If the individual was detained, a petition for initial detention must include the following:
 - (i) The circumstances under which the person's condition was made known.
 - (ii) Evidence, as a result of the designated mental health professional's personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that the individual is gravely disabled.
 - (iii) Evidence that the individual will not voluntarily seek appropriate treatment.
 - (iv) Consideration of all reasonably available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the individual, and records, as required by RCW 71.05.212.
 - (v) Consideration of an offender's history of judicially required, or administratively ordered, anti-psychotic medications while in confinement when conducting an evaluation of an offender under RCW 72.09.370.
- (e) Documentation that the individual received a copy of the following:
 - (i) Return of service order.
 - (ii) Notice of rights.
 - (iii) Initial petition provided to the individual, or the individual's guardian or conservator.

MENTAL HEALTH--RECOVERY SUPPORT SERVICES

WAC 388-877A-0300 Recovery support services--General.

The rules in WAC 388-877A-0300 through 388-877A-0360 apply to behavioral health agencies that provide recovery support services. The definitions in WAC 388-877-0200 also apply to recovery support services.

- (1) Recovery support services are intended to promote an individual's socialization, recovery, self-advocacy, development of natural support, and maintenance of community living skills.
- (2) Recovery support services include:
 - (a) Employment services (see WAC 388-877A-0330);
 - (b) Peer support services (see WAC 388-877A-0340);
 - (c) Wraparound facilitation services (see WAC 388-877A-0350); and
 - (d) Medication support services (see WAC 388-877A-0360).
- (3) An agency providing any recovery support service to an individual must:
 - (a) Be licensed by the department as a behavioral health agency.
 - (b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC.
 - (c) Have policies and procedures to support and implement the:
 - (i) General requirements in this chapter; and
 - (ii) Program-specific requirements in WAC 388-877A-0330 through 388-877A-0360.

(4) A recovery support service agency may operate through an agreement with a behavioral health agency certified for outpatient mental health services. The agreement must specify the responsibility for initial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements.

(5) For all recovery support services provided, an agency must:

- (a) Have an assessment process to determine the appropriateness of the agency's services, based on the individual's needs and goals.
- (b) Refer an individual to a more intensive level of care when appropriate.
- (c) With the consent of the individual, include the individual's family members, significant others, and other relevant treatment providers, as necessary to provide support to the individual.

WAC 388-877A-0310 Recovery support services--Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing any recovery support service must ensure:

- (1) Each staff member working directly with an individual receiving any recovery support service in WAC 388-877A-0330 through 388-877A-0360 has annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.939; and
- (2) The staff member's personnel record documents the training.

WAC 388-877A-0320 Recovery support services—Clinical record content and documentation.

In addition to meeting the general clinical record content requirements in WAC 388-877-0640, an agency providing any recovery support service in WAC 388-877A-0330 through 388-877A-0360 must maintain an individual's clinical record that contains:

- (1) Documentation of the following in a timely manner and before any subsequent scheduled appointments of the same type of service encounter occur:
 - (a) The name of the agency or other sources through which the individual was referred;
 - (b) Each service encounter, including the date, time, and duration of the encounter;
 - (c) Names of participant(s), including the name of the individual who provided the service; and
 - (d) A brief summary of the service encounter.
- (2) Any information or copies of documents shared by, or with, a behavioral health agency certified for outpatient mental health services.

WAC 388-877A-0330 Recovery support services—Employment services.

Employment services are recovery support services that assist in training, job search, and placement services in order to help individuals find competitive jobs in their local communities.

- (1) An agency providing employment services must have knowledge of and provide individuals access to employment and education opportunities by coordinating efforts with one or more entities that provide other rehabilitation and employment services, such as:
 - a. The department's division of vocational rehabilitation;
 - b. Community, trade, and technical colleges;
 - (c) The business community;
 - (d) WorkSource, Washington state's official site for online employment services.

- (e) Washington state department of employment security; and
 - (f) Organizations providing job placement within the community.
- (2) An agency providing employment services must:
- (a) Ensure all staff members providing direct services for employment are knowledgeable and familiar with services provided by the department's division of vocational rehabilitation.
 - (b) Conduct and document a vocational assessment in partnership with the individual that includes work history, skills, training, education, and personal career goals.
 - (c) Assist the individual to create an individualized job and/or career development plan that focuses on the individual's strengths and skills.
 - (d) Assist the individual to locate employment opportunities that are consistent with the individual's skills, goals, and interests.
 - (e) Document any outreach, job coaching, and support at the individual's worksite, when requested by the individual and/or the individual's employer.
 - (f) If the employer makes a request, provide information regarding the requirements of reasonable accommodations, consistent with the Americans with Disabilities Act (ADA) of 1990, and the Washington state anti-discrimination law.

WAC 388-877A-0340 Recovery support services—Peer support services.

Peer support services are recovery support services that provide a wide range of activities to assist an individual in exercising control over their own life and recovery process.

- (1) Peer support services:
 - (a) Include:
 - (i) Developing self-advocacy and natural supports;
 - (ii) Maintenance of community living skills;
 - (iii) Promoting socialization; and
 - (iv) The practice of peer counselors who share their own life experiences related to mental illness to build alliances that enhance the individual's ability to function.
 - (b) Are intended to augment and not supplant other necessary mental health services.
- (2) An agency providing peer support services must ensure peer support counselors;
 - (a) Are credentialed under WAC 388-865-0107.
 - (b) Provide peer support services:
 - (i) Under the supervision of a mental health professional; and
 - (ii) Within the scope of their training and credential.
 - (c) Receive annual training relevant to their unique working environment.
 - (d) Document the following in a timely manner in an individual service plan:
 - (i) The frequency, duration, and expected outcome of all peer support services provided to the individual; and
 - (ii) For each service encounter, objective progress toward the goals established in the individual service plan.

WAC 388-877A-0350 Recovery support services—Wraparound facilitation services.

Wraparound facilitation services address the complex emotional, behavior, and social issues of an identified child twenty years of age or younger, and the child's family.

- (1) Wraparound facilitation services are:
 - (a) Provided to a child who requires the services of two or more systems;

- (b) Focused and driven by the needs of the identified family and the family's support community; and
- (c) Provided in partnership with the child and the child's family.
- (2) An agency providing wraparound facilitation services must have at least one of each of the following staff members:
 - (a) A mental health professional (MHP) who is responsible for oversight of the facilitation of a child and family team (CFT).
 - (b) A facilitator who has completed department-approved wraparound facilitation training and:
 - (i) Has a master's degree with at least one year of experience working in social services;
 - (ii) Has a bachelor's degree with at least two years of experience working in social services; or
 - (iii) Is an individual with lived experience. The experience must be documented in the personnel file.
 - (d) An employee or volunteer youth partner, actively involved in defining the agency's services.
 - (e) An employee or volunteer family partner, actively involved in defining the agency's services.
 - (f) A staff member certified to provide a Child and Adolescent Needs and Strengths (CANS) assessment.
- (3) An agency providing wraparound facilitation services must ensure each individual has completed a CANS assessment that supports the need for wraparound facilitation services, before the services are received.
- (4) An agency must coordinate and maintain a child and family team (CFT) that meets the identified needs of the child and the child's family.
- (5) All team meetings:
 - (a) Must include the identified child and the child's family; and
 - (b) May include additional support partners as team members, including but not limited to the following:
 - (i) **Natural supports.** Natural supports include community members, friends, and extended family members identified by the child and/or the child's family to be active participants in the support network of the identified child
 - (ii) **System supports.** System supports are representatives from systems that currently offer support to the identified child or that offer support services to the child's adult care giver, which directly affects the child.
 - (iii) **Peer supports.** Peer supports are individuals who have personally and actively participated in wraparound facilitation services and who offer support to families currently working with the wraparound teams.
- (6) An agency must document the following:
 - (a) The development of a wraparound plan that:
 - (i) Includes:
 - (A) A complete list of participants and their contact information;
 - (B) A list of next steps or follow-up information from the initial meeting; and
 - (C) The schedule of team meetings.
 - (ii) Describes the child's and the child's family's vision for the future stated in their own language.
 - (iii) Reflects the family's prioritization of needs and goals and addresses the needs as identified in the CANS screen.
 - (iv) Identifies the functional strengths of the child and the child's family that can be used to help meet the identified needs.

- (v) Assigns responsibility to CFT members for each strategy/intervention or task, and establishes timelines for implementation.
 - (vi) Identifies immediate safety needs and a safety/crisis plan.
 - (vii) Assists the child and the child's family in using their support network.
 - (viii) Is signed by all team members, including the child and the child's parent or if applicable, legal guardian.
- (b) Coordination with any other involved systems and services and/or supports, including sharing the wraparound plan and any revisions with all members of the team.
 - (c) The result of the initial and subsequent CANS screenings and assessments.
 - (d) The review of the wraparound plan during each team meeting and any revisions made to the plan to address the changing needs and progress of the identified child and the child's family.

WAC 388-877A-0360 Recovery support services—Medication support services.

Medication support services are recovery support services performed for the purpose of facilitating individuals' medication adherence.

- (1) Medication support services:
 - (a) Occur face-to-face and include one-on-one cueing, observing, and encouraging an individual to take medication as prescribed.
 - (b) Include reporting back to the agency that is providing psychiatric medication services any pertinent information related to the individual's adherence to the medication.
 - (c) May take place at any location and for as long as it is clinically necessary.
- (2) An agency providing medication support services must:
 - (a) Ensure services are provided by or under the supervision of a mental health professional.
 - (b) Ensure that the staff positions responsible for providing medication support and/or delivery services are clearly identified in the agency's medication support services policy.
 - (c) Have appropriate policies and processes in place when the agency providing medication support services maintains and/or delivers medication to the individual. The policies and processes must address:
 - (i) The maintenance of a medication log.
 - (ii) Precautions that need to be taken when transporting medications, to maintain staff safety.
 - (iii) The prevention of contamination of medication during delivery, if delivery is provided.
 - (d) Ensure that all medications kept by staff in the agency are safely and securely stored as follows:
 - i. Medication must be kept in locked cabinets within a well-illuminated, locked, and properly ventilated room.
 - (ii) Medication kept for individuals on medication administration or self-administration programs must be clearly labeled and stored separately from samples kept on site.
 - (iii) Medication marked "for external use only" must be stored separately from oral or injectable medications.
 - (iv) Refrigerated food or beverages used in the administration of medications must be kept separate from the refrigerated medications by the use of trays or other designated containers.
 - (v) Syringes and sharp objects must be stored separately and disposed of safely.

- (vi) Refrigerated medications must be maintained at the required temperature.
- (e) Ensure that no outdated medications are retained, and outdated medications are disposed of in accordance with the rules of the state board of pharmacy.
- c. Ensure that the individual's clinical record contains:
 - (i) The individual service plan, including documentation of medication support services.
 - (ii) Documentation of observations on the individual's behavior indicating the effects, interactions, and side effects of the prescribed medication as necessary.
 - (iii) Documentation of regular reviews of the individual's adherence to the medication support plan as reflected in the service plan.
 - (iv) Documentation of reports to the prescriber about medication adherence and side effects.

CHEMICAL DEPENDENCY--DETOXIFICATION SERVICES

WAC 388-877B-0100 Detoxification services--General.

The rules in WAC 388-877B-0100 through 388-877B-0140 apply to behavioral health agencies that provide detoxification services. The definitions in WAC 388-877-0200 also apply to chemical dependency detoxification services.

- (1) Detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with patient placement criteria (PPC).
- (2) An agency providing detoxification services to an individual must:
 - (a) Be a facility licensed by department of health under one of the following department of health chapters:
 - (i) Hospital licensing regulations (chapter 246-320 WAC);
 - (ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);
 - (iii) Private alcohol and chemical dependency hospitals (chapter 246-324 WAC); or
 - (iv) Residential treatment facility (chapter 246-337 WAC);
 - (b) Be licensed by the department as a behavioral health agency;
 - (c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (d) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Specific requirements in WAC 388-877B-0100 through 388-877B-0140.
- (3) An agency must:
 - (a) Use patient placement criteria (PPC) for admission, continued services, and discharge planning and decisions.
 - (b) Provide counseling to each individual that addresses the individual's:
 - (i) Chemical dependency and motivation;
 - (ii) Continuing care needs and need for referral to other services.

- (c) Maintain a list of resources and referral options that can be used by staff members to refer an individual to appropriate services.
- (d) Post any rules and responsibilities for individuals receiving treatment, including information on potential use of increased motivation interventions or sanctions, in a public place in the facility.
- (e) Provide tuberculosis screenings to individuals for the prevention and control of tuberculosis.
- (f) Provide HIV/AIDS information and include a brief risk intervention and referral as indicated.

WAC 388-877B-0110 Detoxification services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing detoxification services must ensure:

- (1) All chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a CDP trainee (CDPT) under the supervision of an approved supervisor.
- (2) There is a designated clinical supervisor who:
 - (a) Is a CDP;
 - (b) Has documented competency in clinical supervision;
 - (c) Is responsible for monitoring the continued competency of each CDP in assessment, treatment, continuing care, transfer, and discharge. The monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP.
- (3) Each staff member providing detoxification services to an individual, with the exception of licensed staff members and CDPs completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:
 - (i) Chemical dependency;
 - (ii) Infectious diseases, to include hepatitis and tuberculosis (TB); and
 - (iii) Detoxification screening, admission, and signs of trauma.
- (4) Each chemical dependency professional trainee has at least one approved supervisor who meets the qualifications in WAC 246-811-049. The approved supervisor's individual contact hours must be decreased for each full-time CDPT under their supervision.
- (5) Each staff member that provides individual care has a copy of an initial TB screen or test and any subsequent screenings or testing in their personnel file.
- (6) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens, and TB. The training must be documented in the personnel file.

WAC 388-877B-0120 Detoxification services—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing detoxification services must maintain an individual's clinical record that contains:

- (1) Documentation of a chemical dependency screening before admission.
- (2) A voluntary consent to treatment form, or any release forms, signed and dated by the individual, or the individual's parent or legal guardian, except as authorized by law for protective custody and involuntary treatment.
- (3) Documentation that the individual was informed of federal confidentiality requirements and received a copy of the individual notice required under 42 CFR, Part 2.
- (4) Documentation that the individual received the HIV/AIDS brief risk intervention.
- (5) Progress notes from each shift and as events occur.
- (6) Documentation that a discharge summary, including a continuing care recommendation and a description of the individual's physical condition, was completed within seven working days of discharge.

WAC 388-877B-0130 Detoxification services—Additional standards for youth.

Youth detoxification services are treatment services provided to an individual seventeen years of age or younger. An agency providing youth detoxification services must meet the additional requirements in this section. The agency must:

- (1) Admit youth only with the written permission the youth's parent or, if applicable, the youth's legal guardian. If a youth meets the requirements of a child in need of services (CHINS), the youth may sign themselves into treatment.
- (2) Assess the individual's need for referral to the department's child welfare services.
- (3) Ensure the following for individuals who share a room:
 - (a) An individual fifteen years of age or younger must not room with an individual eighteen years of age or older.
 - (b) An individual sixteen or seventeen years of age must be evaluated for clinically appropriateness before being placed in a room with an individual eighteen years of age or older.
- (4) Allow communication between the youth and the youth's parent or if applicable, a legal guardian, and facilitate the communication when clinically appropriate.
- (5) Attempt to notify the parent or legal guardian within two hours of any change in the status of the youth and document all attempts in the clinical record.
- (6) Discharge the youth to the care of the parent or legal guardian. For emergency discharge and when the parent or legal guardian is not available, the agency must contact the appropriate authority.
- (7) Ensure at least one adult staff member of each gender is present or available by phone at all times if co-educational treatment services are provided.
- (8) Ensure a staff member who demonstrates knowledge of adolescent development and addiction is available at the facility or available by phone.

WAC 388-877B-0140 Detoxification—Noncompliance reporting requirements.

An agency providing detoxification services must report noncompliance, in all levels of care, for an individual ordered to chemical dependency treatment by a court of law or other appropriate jurisdictions. An agency that fails to report noncompliance for an individual under RCW 46.61 is subject to penalties as stated in RCW 46.61.5056(4). An agency providing treatment to a court-mandated individual, including deferred prosecution, must develop procedures addressing individual non-compliance and reporting requirements, including:

- (1) Completing an authorization to release confidential information form that meets the requirements of 42 CFR Part 2 and 45 CFR Parts 160 and 164 or through a court order authorizing the disclosure pursuant to 42 CFR part 2, Section 2.63 through 2.67.
- (2) Notifying the designated chemical dependency specialist within three working days from obtaining information of any violation of the terms of the court order for purposes of revocation of the individual's conditional release, if the individual is under department of correction supervision.
- (3) Reporting and recommending action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:
 - (a) An individual's failure to maintain abstinence from alcohol and other non-prescribed drugs as verified by individual's self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test.
 - (b) An individual's departure report of subsequent alcohol and/or drug related request.
 - (c) An individual leaving the program against program advice or an individual discharged for rule violation.
- (4) Reporting and recommending action for non-emergent, noncompliance to the court or other appropriate jurisdiction(s) within ten working days from the end of each reporting period, upon obtaining information on:
 - (a) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups.
 - (b) An individual's failure to make acceptable progress in any part of the treatment plan.
- (5) Transmitting noncompliance or other significant changes as soon as possible, but no longer than ten working days from the date of the noncompliance, when the court does not wish to receive monthly reports.
- (6) Reporting compliance status of persons convicted under RCW 46.61 to the department of licensing.

RESIDENTIAL TREATMENT SERVICES

WAC 388-877B-0200 Residential treatment services—General.

The rules in WAC 388-877B-0200 through 388-877B-0250 apply to behavioral health agencies that provide residential treatment services. The definitions in WAC 388-877-0200 also apply to residential treatment services.

- (1) Residential treatment services provide chemical dependency treatment for an individual and include room and board in a facility with twenty-four-hours-a-day supervision.
- (2) Residential treatment services certified by the department include:
 - (a) Intensive inpatient services;
 - (b) Recovery house treatment services; and
 - (c) Long-term residential treatment services.
- (3) An agency providing residential treatment services must:
 - (a) Be a facility licensed by department of health (DOH) and meet the criteria under one of the following DOH chapters:
 - (i) Hospital licensing regulations (chapter 246-320 WAC);
 - (ii) Private psychiatric and alcoholism hospitals (chapter 246-322 WAC);
 - (iii) Private alcohol and chemical dependency hospitals (chapter 246-324 WAC); or
 - (iv) Residential treatment facility (chapter 246-337 WAC);
 - (b) Be licensed by the department as a behavioral health agency;
 - (c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (d) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Specific requirements in WAC 388-877B-0200 through 388-877B-0280.
- (4) An agency must:
 - (a) Use patient placement criteria (PPC) for admission, continued services, and discharge planning and decisions.
 - (b) Provide education to each individual admitted to the treatment facility on:
 - (i) Alcohol, other drugs, and/or chemical dependency;
 - (ii) Relapse prevention;
 - (iii) Blood borne pathogens; and
 - (iv) Tuberculosis (TB).
 - (c) Provide education or information to each individual admitted on:
 - (i) Emotional, physical, and sexual abuse;
 - (ii) Nicotine addiction; and
 - (iii) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy.
 - (d) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services.
 - (e) Screen for the prevention and control of tuberculosis.

- (f) Limit the size of group counseling sessions to no more than twelve individuals.
- (g) Have written procedures for:
 - (i) Urine analysis (UA) and drug testing, including laboratory testing; and
 - (ii) How agency staff members respond to medical and psychiatric emergencies.
- (5) An agency that provides services to a pregnant woman must:
 - (a) Have a written procedure to address specific issues regarding the woman's pregnancy and prenatal care needs; and
 - (b) Provide referral information to applicable resources.
- (6) An agency that provides an assessment to an individual under RCW 46.61.5056 must also meet the requirements for DUI assessment providers in WAC 388-877B-0550.

WAC 388-877B-0210 Residential treatment services--Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing residential treatment services must ensure:

- (1) All chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a department of health-credentialed CDP trainee (CDPT) under the supervision of an approved supervisor. The approved supervisor must decrease the number of individual contact hours for each full-time CDPT under their supervision.
- (2) There is a designated clinical supervisor who:
 - (a) Is a CDP;
 - (b) Has documented competency in clinical supervision;
 - (c) Is responsible for monitoring the continued competency of each CDPT in assessment, treatment, continuing care, transfer, and discharge. The monitoring must include a semi-annual review of a sample of the clinical records maintained by the CDPT.
- (3) Each CDPT has at least one approved supervisor who meets the qualifications in WAC 246-811-049. The approved supervisor's individual contact hours must be decreased for each full-time DCPT under their supervision.
- (4) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens and tuberculosis (TB) and the training is documented in each personnel file.
- (5) Each staff member that provides individual care has a copy of an initial TB screen or test and any subsequent screening or testing in their personnel file.

WAC 388-877B-0220 Residential treatment services—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing residential treatment services must maintain an individual's clinical record.

- (1) The clinical record must contain:
 - (a) Documentation the individual was informed of the federal confidentiality requirements and received a copy of the individual notice required under 42 CFR Part 2.
 - (b) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction.
 - (c) Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.
 - (d) Progress notes as events occur, including the date, duration, and content.
 - (e) When an individual is transferring to another service provider, documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider to include:
 - (i) The individual's demographic information; and
 - (ii) The diagnostic assessment statement and other assessment information to include:
 - (A) Documentation of the HIV/AIDS intervention;
 - (B) Tuberculosis (TB) screen or test result.
 - (C) A record of the individual's detoxification and treatment history.
 - (D) The reason for the individual's transfer.
 - (E) Court mandated, department of correction supervision status or the agency's recommended follow-up treatment.
 - (F) A discharge summary and continuing care plan.
 - (f) Documentation that a staff member(s) met with each individual at the time of discharge, unless the individual left without notice, to:
 - (i) Determine the appropriate recommendation for care and finalize a continuing care plan.
 - (ii) Assist the individual in making contact with necessary agencies or services.
 - (iii) Provide and document the individual was provided with a copy of the plan.
 - (g) Documentation that the discharge summary was completed within seven working days of the individual's discharge from the agency, which includes the date of discharge and a summary of the individual's progress toward each individual service plan goal.
- (2) In addition to the requirements in (1) of this section, an agency must ensure the following for each individual service plan. The individual service plan must:
 - (a) Be personalized to the individual's unique treatment needs;
 - (b) Be initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.
 - (c) Include individual needs identified in the diagnostic and periodic reviews, addressing:
 - (i) All substance use needing treatment, including tobacco, if necessary;

- (ii) Patient bio-psychosocial problems;
 - (iii) Treatment goals;
 - (iv) Estimated dates or conditions for completion of each treatment goal; and
 - (v) Approaches to resolve the problem.
- (d) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.
- (e) Document that the plan was updated to reflect any changes in the individual's treatment needs, or as requested by the individual, at least once per month for the first three months, and at least quarterly thereafter.
- (f) Document that the plan has been reviewed with the individual.

**WAC 388-877B-0230 Residential treatment services—Chemical dependency--
Additional assessment standards.**

An individual must have a chemical dependency assessment before receiving residential treatment services. The purpose of the assessment is to gather information to determine if a substance use disorder exists and if there are services available to address the individual's needs. In addition to the assessment requirements in WAC 388-877-0610, the assessment must include:

- (1) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:
 - (a) A history of the individual's involvement with alcohol and other drugs, including:
 - (i) The type of substances used, including tobacco;
 - (ii) The route of administration; and
 - (iii) The amount, frequency, and duration of use.
 - (b) A history of alcohol or other drug treatment or education.
 - (c) The individual's self-assessment of use of alcohol and other drugs;
 - (d) A history of relapse;
 - (e) A history of self-harm; and
 - (f) A history of legal involvement.
 - (g) A statement regarding the provision of an HIV/AIDS brief risk screen, and any referral made.
- (2) A diagnostic assessment statement, including sufficient information to determine the individual's diagnosis using:
 - (a) Diagnostic and Statistical Manual (DMS IV TR, 2000) as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
- (3) A placement decision, using patient placement criteria (PPC) dimensions when the assessment indicates the individual is in need of services.
- (4) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If

the individual was not notified of the results and advised of referral options, the reason must be documented.

- (5) The additional requirements for DUI assessment providers in WAC 388-877B-0550 if the agency is providing services to an individual under RCW 46.61.5056.
- (6) Documented attempts to obtain the following information when assessing youth:
 - (a) Parental and sibling use of alcohol and other drugs.
 - (b) A history of school assessments for learning disabilities or other problems which may affect ability to understand written materials.
 - (c) Past and present parent/guardian custodial status, including running away and out-of-home placements.
 - (d) A history of emotional or psychological problems.
 - (e) A history of child or adolescent developmental problems.
 - (f) Ability of the youth's parent(s) or if applicable, legal guardian, to participate in treatment.

WAC 388-877B-0240 Residential treatment services—Noncompliance reporting requirements.

An agency providing residential treatment services must report noncompliance, in all levels of care, for an individual order into chemical dependency treatment by a court of law or other appropriate jurisdictions. An agency that fails to report non-compliance for an individual under chapter 46.61 RCW is subject to penalties as stated in RCW 46.61.5056(4).

An agency providing treatment to a court-mandated individual, including deferred prosecution, must develop procedures addressing individual noncompliance and reporting requirements, including:

- (1) Completing an authorization to release confidential information form that meets the requirements of 42 CFR Part 2 and 45 CFR Parts 160 and 164 or through a court order authorizing the disclosure under the requirements of 42 CFR part 2, Section 2.63 through 2.67.
- (2) Notifying the designated chemical dependency specialist within three working days from obtaining information of any violation of the terms of the court order for purposes of revoking the individual's conditional release, if the individual is under department of correction supervision.
- (3) Reporting and recommending action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:
 - (a) An individual's failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by individual's self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test.
 - (b) An individual's departure report of subsequent alcohol and/or drug related request.
 - (c) An individual leaving the program against program advice.
 - (d) An individual discharged for rule violation.

- (4) Reporting and recommending action for nonemergent, noncompliance to the court or other appropriate jurisdiction(s) within ten working days from the end of each reporting period, upon obtaining information on:
 - (a) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups.
 - (b) An individual's failure to make acceptable progress in any part of the treatment plan.
- (5) Transmitting noncompliance or other significant changes as soon as possible, but no longer than ten working days from the date of the noncompliance, when the court does not wish to receive monthly reports.
- (6) Reporting compliance status of persons convicted under RCW 46.61 to the department of licensing.

WAC 388-877B-0250 Residential treatment services—Intensive inpatient services.

Intensive inpatient services provide a concentrated program of individual and group counseling, education, and activities for a detoxified individual and the individual's family to address overall functioning and to demonstrate aspects of recovery lifestyle. An agency providing intensive inpatient services must:

- (1) Complete the individual service plan within five days of admission.
- (2) Conduct and document at least weekly, one face-to-face individual chemical dependency counseling session with the individual.
- (3) Progress notes as events occur, including the date, duration, and content.
- (4) Document at least weekly, an individual service plan review which determines continued stay needs and progress towards goals.
- (5) Provide a minimum of twenty hours of treatment services each week to each individual. At least ten hours of these services must be chemical dependency counseling. The agency may provide an individual up to ten hours of education each week to meet the minimum requirements.

WAC 388-877B-0260 Residential treatment services—Recovery house.

Recovery house services provide a program of care and treatment with social, vocational, and recreational activities to aid in individual adjustment to abstinence and to aid in job training, employment, or participating in other types of community services. An agency providing recovery house services must:

- (1) Provide an individual a minimum of five hours of treatment each week consisting of individual or group counseling and education regarding drug-free and sober living, and general re-entry living skills.
- (2) Progress notes as events occur, including the date, duration, and content.
- (3) Conduct and document an individual service plan review at least monthly.

WAC 388-877B-0270 Residential treatment services—Long-term treatment services.

Long-term treatment services provide a program for an individual needing consistent structure over a longer period of time to develop and maintain abstinence, develop recovery skills, and to improve overall health. An agency providing long-term treatment services must:

- (1) Provide an individual a minimum of two hours each week of individual or group counseling.
- (2) Provide an individual a minimum of two hours each week of education regarding alcohol, other drugs, and other addictions.
- (3) Progress notes as events occur, including the date, duration, and content.
- (4) Provide an individual, during the course of services, with:
 - (a) Education on social and coping skills;
 - (b) Social and recreational activities;
 - (c) Assistance in seeking employment, when appropriate; and
 - (d) Assistance with re-entry living skills to include seeking and obtaining safe house.
- (5) Conduct and document an individual service plan review at least monthly.

WAC 388-877B-0280 Residential treatment services—Additional standards for youth residential services.

Youth residential services are treatment services provided to an individual seventeen year of age or younger. An agency providing youth residential services must meet the additional requirements in this section. The agency must:

- (1) Ensure at least one adult staff member of each gender is present or on call at all times if co-educational treatment services are provided.
- (2) Ensure group counseling sessions with nine to twelve youths include a second adult staff member.
- (3) Ensure staff members are trained in safe and therapeutic techniques for dealing with a youth's behavior and emotional crisis, including:
 - (a) Verbal de-escalation;
 - (b) Crisis intervention;
 - (c) Anger management;
 - (d) Suicide assessment and intervention;
 - (e) Conflict management and problem solving skills;
 - (f) Management of assaultive behavior.
 - (g) Proper use of therapeutic physical intervention techniques; and
 - (h) Emergency procedures.
- (4) Provide group meetings to promote personal growth.
- (5) Provide leisure, and other therapy or related activities.
- (6) Provide seven or more hours of structured recreation each week, that is led or supervised by staff members.
- (7) Provide each youth one or more hours per day, five days each week, of supervised academic tutoring or instruction by a certified teacher when the youth is unable to attend school for an estimated period of four weeks or more. The agency must:

- (a) Document the individual's most recent academic placement and achievement level; and
- (b) Obtain school work from the individual's school, or when applicable, provide school work and assignments consistent with the individual's' academic level and functioning.
- (8) Conduct random and regular room checks when an individual is in their room, and more often when clinically indicated.
- (9) Only admit youth with the written permission of the youth's parent or if applicable, legal guardian. In cases where the youth meets the requirements of a child in need of services (CHINS), the youth may sign themselves into treatment.
- (10) Assess the individual's need for referral to the department's child welfare services.
- (11) Ensure the following for individuals who share a room:
 - (a) An individual fifteen years of age or younger must not room with an individual eighteen years of age or older.
 - (b) An individual sixteen or seventeen years of age must be evaluated for clinically appropriateness before being placed in a room with an individual eighteen years of age or older.
- (12) Allow communication between the youth and the youth's parent or if applicable, a legal guardian, and facilitate the communication when clinically appropriate.
- (13) Attempt to notify the parent or legal guardian within two hours of any change in the status of the youth and document all notifications and attempts of notifications in the clinical record.
- (14) Discharge the youth to the care of the youth's parent or if applicable, legal guardian. For emergency discharge and when the parent or legal guardian is not available, the agency must contact the appropriate authority.
- (15) Ensure each individual's clinical record:
 - (a) Contains any consent or release forms signed by the youth and their parent or legal guardian.
 - (b) Contains the parent's or other referring person's agreement to participate in the treatment process, as appropriate and if possible.
 - (c) Documents any problems identified in specific youth assessment, including any referrals to school and community support services, on the individual service plan.

CHEMICAL DEPENDENCY-- OUTPATIENT TREATMENT SERVICES

WAC 388-877B-0300 Outpatient treatment services--General.

The rules in WAC 388-877B0300 through 388-877B-0370 apply to behavioral health agencies that provide chemical dependency outpatient treatment services. The definitions in WAC 388-877-0200 also apply to chemical dependency outpatient treatment services.

- (1) Outpatient treatment services provide chemical dependency treatment to an individual and include essential education and counseling services in accordance with patient placement criteria (PPC).
- (2) Outpatient treatment services certified by the department include:
 - (a) Intensive outpatient treatment services; and
 - (b) Outpatient treatment services.
- (3) An agency providing outpatient treatment services to an individual must:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (c) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Specific requirements in WAC 388-877B-0300 through 388-877B-0370.
- (4) An agency must:
 - (a) Use the PPC for admission, continued services, and discharge planning and decisions.
 - (b) Have an outline of each lecture and education session included in the service, sufficient in detail for another trained staff member to deliver the session in the absence of the regular instructor.
 - (c) Maintain a list of resources, including self-help groups, and referral options that can be used by staff members to refer an individual to appropriate services.
 - (d) Provide tuberculosis screenings to individuals for the prevention and control of tuberculosis.
- (5) An agency must:
 - (a) Provide education to each individual admitted to the treatment facility on:
 - (i) Alcohol, other drugs, and/or chemical dependency;
 - (ii) Relapse prevention;
 - (iii) Blood borne pathogens; and
 - (iv) Tuberculosis (TB).
 - (b) Provide education or information to each individual admitted on:
 - (i) Emotional, physical, and sexual abuse;
 - (ii) Nicotine addiction; and
 - (iii) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy.
 - (c) Limit the size of group counseling sessions to no more than twelve individuals.
 - (d) Have written procedures for:
 - (i) Urine analysis and drug testing, including laboratory testing; and
 - (ii) How agency staff members respond to medical and psychiatric emergencies.
- (6) An agency that provides services to a pregnant woman must:
 - (a) Have a written procedure to address specific issues regarding a woman's pregnancy and prenatal care needs; and
 - (b) Provide referral information to applicable resources.

- (7) An agency that provides youth outpatient treatment services must:
 - (a) Have a written procedure to assess and refer an individual to the department's child welfare services when applicable; and
 - (b) Ensure that counseling sessions with nine to twelve youths include a second adult staff member.
- (8) An agency that provides a DUI assessment to an individual under RCW 46.61.5056 must also be certified by the department under WAC 388-877B-0550.
- (9) An agency must ensure that when offering off-site treatment:
 - (a) The agency maintains a current list of all locations where off-site services are provided, including:
 - (i) The name and address (except for an individual receiving in-home services);
 - (ii) Primary purpose of the offsite location;
 - (iii) Level of services provided; and
 - (iv) The date the off-site services began at that location.
 - (b) The agency maintains a written procedure of:
 - (i) How confidentiality will be maintained at each off-site location, including how confidential information and individual records will be transported between the certified facility and the off-site location; and
 - (ii) How services will be offered in a manner that promotes individual and agency staff safety.
 - (c) The agency is certified to provide the type of service offered at its main location.
 - (d) Chemical dependency assessment or treatment is not the primary purpose of the location where the individual is served (such as in a school, hospital, or correctional facility).
 - (e) Services are provided in a private, confidential setting within the off-site location.
- (10) Minimum treatment requirements for deferred prosecution are established in chapter 10.05 RCW.

WAC 388-877B-0310 Outpatient treatment services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing outpatient treatment services must ensure:

- (1) All chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a department of health-credential CDP trainee (CDPT) under the supervision of an approved supervisor.
- (2) There is a designated clinical supervisor who:
 - (a) Is a CDP;
 - (b) Has documented competency in clinical supervision; and
 - (c) Is responsible for monitoring the continued competency of each CDPT in assessment, treatment, continuing care, transfer, and discharge. The

monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP.

- (4) Each chemical dependency professional trainee has at least one approved supervisor who meets the qualifications in WAC 246-811-049. The approved supervisor's individual contact hours must be decreased for each full-time CDPT under their supervision.
- (5) Each staff member that provides individual care has a copy of an initial TB screen or test and any subsequent screenings or testing in their personnel file.
- (6) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens and TB and document the training in the personnel file.

WAC 388-877B-0320 Outpatient treatment services—Clinical record content and documentation.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing outpatient treatment services must maintain an individual's clinical record.

- (1) The clinical record must contain:
 - (a) Documentation the individual was informed of federal confidentiality requirements and received a copy of the individual notice required under 42 CFR Part 2.
 - (b) Documentation that each individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanctions.
 - (c) Documentation that the individual service plan was completed before treatment services are received.
 - (d) Progress notes as events occur, including the date, duration, and content.
 - (e) Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.
 - (f) Documentation that staff members met with each individual at the time of discharge, unless the individual left without notice, to:
 - (i) Determine the appropriate recommendation for care and finalize a continuing care plan.
 - (ii) Assist the individual in making contact with necessary agencies or services.
 - (iii) Provide and document the individual was provided with a copy of the plan.
 - (g) Documentation that a discharge summary, including the date of discharge and a summary of the individual's progress towards each individual service plan goal, was completed within seven working days of the individual's discharge.
- (2) In addition to the requirements in (1) of this section, an agency must ensure the following for each individual service plan. The individual service plan must:
 - (a) Be personalized to the individual's unique treatment needs;

- (b) Be initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.
- (c) Include individual needs identified in the diagnostic and periodic reviews, addressing:
 - (i) All substance use needing treatment, including tobacco, if necessary;
 - (ii) Patient bio-psychosocial problems;
 - (iii) Treatment goals;
 - (iv) Estimated dates or conditions for completion of each treatment goal; and
 - (v) Approaches to resolve the problem.
- (d) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.
- (e) Document that the plan was updated to reflect any changes in the individual's treatment needs, or as requested by the individual, at least once per month for the first three months, and at least quarterly thereafter.
- (f) Document that the plan has been reviewed with the individual.

WAC 388-877B-0330 Outpatient treatment services—Additional assessment standards.

An individual must have a chemical dependency assessment before receiving residential treatment services. The purpose of the assessment is to gather information to determine if a substance use disorder exists and if there are services available to address the individual's needs. In addition to the assessment requirements in WAC 388-877-0610, the assessment must include:

- (1) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document a history of the individual's involvement with alcohol and other drugs, including:
 - (a) The type of substances used, including tobacco;
 - (b) The route of administration; and
 - (c) The amount, frequency, and duration of use.
- (2) A history of alcohol or other drug treatment or education.
- (3) The individual's self-assessment of use of alcohol and other drugs.
- (4) A history of relapse.
- (5) A history of self-harm.
- (6) A history legal involvement.
- (7) A statement regarding the provision of an HIV/AIDS brief risk screen, and any referral made.
- (8) A diagnostic assessment statement, including sufficient information to determine the individual's diagnosis using:
 - (a) Diagnostic and Statistical Manual (DSM IV TR, 2000) as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.

- (c) A placement decision, using PPC dimensions when the assessment indicates the individual is in need of services.
- (d) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If the individual was not notified of the results and advised of referral options, the reason must be documented.
- (e) The additional requirements outlined under WAC 388-877B-0550 for DUI assessments, for an agency providing services to an individual under RCW 46.61.5056.
- (f) Documented attempts to obtain the following information when assessing youth:
 - (i) Parental and sibling use of alcohol and other drugs.
 - (ii) A history of school assessments for learning disabilities or other problems, which may affect ability to understand written materials.
 - (iii) Past and present parent/guardian custodial status, including running away and out-of-home placements.
 - (iv) A history of emotional or psychological problems.
 - (v) A history of child or adolescent developmental problems.
 - (vi) The ability of parents, or if applicable, a legal guardian to participate in treatment.

WAC 388-877B-0340 Outpatient treatment services—Noncompliance reporting requirements.

An agency providing outpatient treatment services must report noncompliance, in all levels of care, for an individual ordered into chemical dependency treatment by a court of law or other appropriate jurisdictions. An agency that fails to report noncompliance for an individual under chapter 46.61 RCW is subject to penalties as stated in RCW 46.61.5056(4). An agency providing treatment to a court-mandated individual, including deferred prosecution, must develop procedures addressing individual noncompliance and reporting requirements, including:

- (1) Completing an authorization to release confidential information form that meets the requirements of 42 CFR Part 2 and 45 CFR Parts 160 and 164 or through a court order authorizing the disclosure pursuant to 42 CFR Part 2, Section 2.63 through 2.67.
- (2) Notifying the designated chemical dependency specialist within three working days from obtaining information of any violation of the terms of the court order for purposes of revocation of the individual's conditional release, if the individual is under department of correction's supervision.
- (3) Reporting and recommending action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:
 - (a) An individual's failure to maintain abstinence from alcohol and other non-prescribed drugs as verified by individual's self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test.

- (b) An individual's departure report of subsequent alcohol and/or drug related request.
- (c) An individual leaving the program against program advice or an individual discharged for rule violation.
- (d) Reporting and recommending action for nonemergent, noncompliance to the court or other appropriate jurisdiction(s) within ten working days from the end of each reporting period, upon obtaining information on:
 - (i) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups.
 - (ii) An individual's failure to make acceptable progress in any part of the treatment plan.
- (e) Transmitting noncompliance or other significant changes as soon as possible, but no longer than ten working days from the date of the noncompliance, when the court does not wish to receive monthly reports.
- (f) Reporting compliance status of persons convicted under chapter 46.61 RCW to the department of licensing.

WAC 388-877B-0350 Outpatient treatment services—Intensive outpatient services.

Intensive outpatient services provide a concentrated program of individual and group counseling, education, and activated, in accordance with patient placement criteria (PPC). An agency providing intensive outpatient treatment services must:

- (1) Develop an initial individualized service plan prior to the individual's participation in treatment.
- (2) Provide individual chemical dependency counseling sessions with each individual at least once a month or more if clinically indicated.
- (3) Progress notes as events occur, including the date, duration, and content.
- (4) Conduct and document a review of each individual's service plan in individual counseling sessions, at least once a month, to assess adequacy and attainment of goals.
- (5) Refer for ongoing treatment or support upon completion of intensive outpatient treatment, as necessary.
- (6) Ensure that individuals admitted under a deferred prosecution order, under chapter 10.05 RCW:
 - (a) Receive a minimum of seventy-two hours of treatment services within a maximum of twelve weeks, which consist of the following during the first four weeks of treatment:
 - (i) At least three sessions each week, with each session occurring on of the week.
 - (ii) Group sessions must last at least one hour.
 - (b) Attend self-help groups in addition to the seventy-two hours of treatment services.

- (c) Have approval, in writing, by the court having jurisdiction in the case, when there is any exception to the requirements in this subsection.

WAC 388-877B-0360 Outpatient treatment services—Outpatient treatment services.

Outpatient treatment services provide chemical dependency treatment to an individual less than twenty-four-hours-a-day, including individual and group treatment services of varying duration and intensity according to a prescribed plan.

An agency providing outpatient treatment services must:

- (1) Develop an initial individualized service plan before the individual's participation in treatment.
- (2) Conduct group or individual chemical dependency counseling sessions for each individual, each month, according to an individual service plan.
- (3) Conduct and document an individual service plan review for each individual once a month for the first three months and quarterly thereafter or sooner if required by other laws.
- (4) Progress notes as events occur, including the date, duration, and content.

WAC 388-877B-0370 Outpatient treatment services—Additional standards for chemical dependency counseling required under RCW 46.61.5056.

Outpatient treatment services provided to an individual convicted of driving under the influence or physical control under RCW 46.61.5056 are subject to the requirements in this section. An agency providing outpatient treatment services subject to RCW 46.61.5056 must ensure treatment is completed as follows:

- (1) Treatment during the first sixty days must include:
 - (a) Weekly group or individual chemical dependency counseling sessions according to the individual service plan.
 - (b) One individual chemical dependency counseling session of not less than thirty minutes duration, excluding the time taken for a chemical dependency assessment, for each individual, according to the individual service plan.
 - (c) Alcohol and drug basic education for each individual.
 - (d) Participation in self-help groups for an individual with a diagnosis of substance dependence documented in the individual's clinical record.
- (2) The balance of the sixty-day time period for individuals who complete intensive inpatient chemical dependency treatment services must include, at a minimum, weekly outpatient counseling sessions according to the individual service plan.
- (3) The next one hundred twenty days of treatment includes:
 - (a) Group or individual chemical dependency counseling sessions every two weeks according to the individual service plan.
 - (b) One individual chemical dependency counseling session of not less than thirty minutes duration, every sixty days according to the individual service plan.
 - (c) Referral of each individual for ongoing treatment or support, as necessary, using PPC, upon completion of one hundred eighty days of treatment.

- (4) For an individual who is assessed with insufficient evidence of substance dependence or substance abuse, a CDP must refer the individual to alcohol/drug information school.

CHEMICAL DEPENDENCY--OPIATE SUBSTITUTION

WAC 388-877B-0400 Opiate substitution treatment services—General.

The rules in WAC 388-877B-0400 through WAC 388-877B-0450 apply to behavioral health agencies that provide opiate substitution services. The definitions in WAC 388-877-0200 also apply to opiate substitution services.

- (1) Opiate substitution treatment services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addition. These services provide detoxification treatment and maintenance treatment.
- (2) An agency must meet all the certification requirements in WAC 388-877B-0450 in order to provide opiate substitution treatment services and:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Meet the applicable behavioral health agency licensure, certification, administrative, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (c) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Program-specific requirements in WAC 388-877B-0400 through 388-877B-0450.
- (3) An agency providing opiate substitution treatment services must ensure that the agency's individual record system complies with all federal and state reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction.
- (4) An agency must:
 - (a) Use patient placement criteria (PPC) for admission, continued services, and discharge planning and decisions.
 - (b) Provide education to each individual admitted, totaling no more than fifty percent of treatment services, on:
 - (i) Alcohol, other drugs, and chemical dependency;
 - (ii) Relapse prevention;
 - (iii) Blood borne pathogens; and
 - (iv) Tuberculosis (TB).
 - (c) Provide education or information to each individual on:
 - (i) Emotional, physical, and sexual abuse;
 - (ii) Nicotine addiction;

- (iii) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy; and
 - (iv) Family planning.
- (d) Have written procedures for:
 - (i) Diversion control that contains specific measures to reduce the possibility of the diversion of controlled substances from legitimate treatment use, and assign specific responsibility to the medical and administrative staff members for carrying out the described diversion control measures and functions.
 - (ii) Urine analysis (UA) and drug testing, to include obtaining:
 - (A) Specimen samples from each individual, at least eight times within twelve consecutive months.
 - (B) Random samples, without notice to the individual.
 - (C) Samples in a therapeutic manner that minimizes falsification.
 - (D) Observed samples, when clinically appropriate.
 - (E) Samples handled through proper chain of custody techniques.
 - (iii) Laboratory testing.
 - (iv) The response to medical and psychiatric emergencies.
 - (v) Verifying the identity of an individual receiving treatment services, including maintaining a file in the dispensary with a photograph of the individual and updating the photographs when the individual's physical appearance changes significantly.
- (5) An agency must ensure that an individual is not admitted to detoxification services more than two times in a twelve-month period.
- (6) An agency providing services to a pregnant woman must have a written procedure to address specific issues regarding their pregnancy and prenatal care needs, and to provide referral information to applicable resources.
- (7) An agency providing youth opiate substitution treatment services must:
 - (a) Have a written procedure to assess and refer the youth to the department's child welfare services, when applicable.
 - (b) Ensure that counseling sessions with an individual between nine years of age and twelve years of age includes a second staff member.
- (8) An agency providing opiate substitution treatment services must ensure:
 - (a) That notification to federal SAMHSA and the department is made within three weeks of any replacement or other change in the status of the program, program sponsor, or medical director.
 - (b) Treatment is provided to an individual in compliance with 42 CFR Part 8.
 - (c) The number of individuals receiving treatment services does not exceed three hundred fifty unless authorized by the county in which the program is located.
 - (d) The individual record system complies with all federal and state reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction.

- (e) The death of an individual enrolled in opiate substitution treatment is reported to the department within one business day.

WAC 388-877B-0405 Opiate substitution treatment services—Certification requirements.

An agency providing opiate substitution treatment services must be certified by the department. An agency applying to provide opiate substitution treatment service must:

- (1) Submit to the department documentation that the agency has communicated with the county legislative authority and if applicable, the city legislative authority or tribal legislative authority, in order to secure a location for the new opiate substitution treatment program that meets county, tribal or city land use ordinances.
- (2) Ensure that a community relations plan developed and completed in consultation with the county, city, or tribal legislative authority or their designee, in order to minimize the impact of the opiate substitution treatment programs upon the business and residential neighborhoods in which the program is located. The plan must include:
 - (a) Documentation of the strategies used to:
 - (i) Obtain stakeholder input regarding the proposed location;
 - (ii) Address any concerns identified by stakeholders; and
 - (iii) Develop an ongoing community relations plan to address new concerns expressed by stakeholders.
 - (b) Documentation that transportation systems will provide reasonable opportunities to persons in need of treatment to access the services of the program.
 - (c) A copy of the application for:
 - (i) A registration certificate from the Washington state board of pharmacy.
 - (ii) Licensure to the Federal Drug Enforcement Administration.
 - (iii) Certification to the Federal CSAT SAMHSA.
 - (iv) Accreditation by an accreditation body, approved as an opioid treatment program accreditation body by the Federal CSAT SAMHSA.
 - (d) A declaration to limit the number of individual program participants to three hundred fifty as specified in RCW 70.96A.410(1)(e).
 - (e) For new applicants who operate opiate substitution treatment programs, copies of all survey reports written by national and/or state certification or substitution programs within the past six years.
- (3) Have concurrent approval to provide opiate substitution treatment by:
 - (a) The Washington State Department of Health Board of Pharmacy;
 - (b) The Federal CSAT SAMHSA, as required by 42 CFR Part 8 for certification as an opioid treatment program; and
 - (c) The Federal Drug Enforcement Administration.
- (4) An agency must ensure that opiate substitution treatment is provided to an individual in compliance with the applicable requirements in 42 CFR Part 8 and 21 CFR Part 1301.

- (5) The department may deny an application for certification when:
 - (a) There is not a demonstrated need in the community where the applicant proposes to locate the program.
 - (b) There is sufficient availability, access, and capacity of other certified programs near the area where the applicant is proposing to locate the program.
 - (c) The applicant has not demonstrated in the past, the capability to provide the appropriate services to assist individuals using the program to meet goals established by the legislature.

WAC 388-877B-0410 Opiate substitution treatment services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing opiate substitution treatment services must:

- (1) Appoint a program sponsor who is responsible for notifying the Federal CSAT, SAMHSA, the Federal Drug Enforcement Administration, the department, and the Washington State Board of Pharmacy of any theft or significant loss of a controlled substance.
- (2) Ensure there is an appointed medical director who:
 - (a) Is licensed by department of health to practice medicine and practices within their scope of practice.
 - (b) Is responsible for all medical services performed. See the program physician responsibilities in WAC 388-877B-0440.
 - (c) Ensures all medical services provided are in compliance with applicable federal, state, and local rules and laws.
- (3) Ensure all medical services provided are provided by an appropriate DOH-credentialed medical provider practicing within their scope of practice.
- (4) Ensure all chemical dependency assessment and counseling services are provided by a chemical dependency professional (CDP), or a DOH-credentialed CDP trainee (CDPT) under the supervision of an approved supervisor.
- (5) Ensure there is a designated and identified clinical supervisor who:
 - (a) Is a chemical dependency professional (CDP).
 - (b) Has documented competency in clinical supervision.
 - (c) Is responsible for monitoring the continued competency of each CDP in assessment, treatment, continuing care, transfer, and discharge. This monitoring must include a semi-annual review of a sample of each CDP's clinical records.
- (6) Ensure an agency using CDPTs has at least one approved supervisor that meets the qualification in WAC 246-811-049. The approved supervisor must decrease the number of individual contact hours for each full-time CDPT under their supervision.
- (7) Ensure at least one staff member has documented training in:

- (a) Family planning;
 - (b) Prenatal health care; and
 - (c) Parenting skills.
- (8) Ensure that at least one staff member is on duty at all times who has documented training in:
- (a) Cardiopulmonary resuscitation (CPR); and
 - (b) Management of opiate overdose.
- (9) Ensure that a personnel file for a staff member providing individual care includes a copy of an initial tuberculosis (TB) screen and subsequent screening as appropriate.
- (10) Provide and ensure all staff members receive annual training on:
- (a) The prevention and control of communicable disease, blood borne pathogens, and TB; and
 - (b) Opiate dependency clinical and medical best practice, specific to the staff member's scope of practice and job function.

WAC 388-877B-0420 Opiate substitution treatment services—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing opiate substitution treatment services must maintain an individual's clinical record.

- (1) The clinical record must contain:
- (a) Documentation the individual was informed of the federal confidentiality requirements and received a copy of the individual notice required under 42 CFR Part 2;
 - (b) Documentation that the agency made a good faith effort to review if the individual is enrolled in any other opiate substitution treatment and take appropriate action.
 - (c) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanction.
 - (d) Documentation that the individual service plan was completed before the individual received treatment services.
 - (e) Documentation that the individual service plan was reviewed:
 - (i) Once every month, for the first ninety days in treatment;
 - (ii) Once every three months, for every two years of continued enrollment in treatment; and
 - (iii) Once every six months, after the second year of continued enrollment in treatment.
 - (f) Documentation that individual or group counseling sessions were provided:
 - (i) Once every week, for the first ninety days:
 - (A) For a new individual in treatment;
 - (B) For an individual readmitted with more than ninety days since the most recent discharge from opiate substitution treatment.

- (ii) Once every week, for the first month, for an individual readmitted within ninety days since the most recent discharge from opiate substitution treatment; and
- (iii) Once every month, for an individual transferring from another opiate substitution treatment program, when the individual had received treatment for at least ninety days.
- (g) Progress notes as events occur including the date, duration, and content.
- (h) Documentation when an individual refuses to provide a drug testing specimen sample or initial the log containing the sample number. The refusal is considered a positive drug screen specimen.
- (i) Documentation of the results and the discussion held with the individual regarding any positive drug screen specimens in the counseling session immediately following the notification of positive results.
- (j) Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.
- (k) Documentation that a staff member(s) met with the individual at the time of discharge from the agency, unless the individual left without notice, to:
 - (i) Determine the appropriate recommendation for care and finalize a continuing care plan.
 - (ii) Assist the individual in making contact with necessary agencies or services.
 - (iii) Provide and document the individual was provided a copy of the plan.
- (l) Documentation that the discharge summary was completed within seven working days of the individual's discharge from the agency, which includes the date of discharge and a summary of the individual's progress towards each individual service plan goal.
- (m) When the agency is serving youth:
 - (i) Two documented attempts were made at short-term detoxification or drug-free treatment within a twelve-month period, with a waiting period no less than seven days between the first and second short-term detoxification treatment.
 - (ii) When a youth is admitted for maintenance treatment, written consent by a parent or if applicable, legal guardian or responsible adult designated by the relevant state authority.
- (n) Documentation of all medical services. See WAC 388-877B-0440 and 388-877B-0450, regarding program physician responsibility and medication management.
- (2) In addition to the requirements in (1) of this section, an agency must ensure the following for each individual service plan. The individual service plan must:
 - (a) Be personalized to the individual's unique treatment needs;
 - (b) Include individual needs identified in the diagnostic and periodic reviews, addressing:
 - (i) All substance use needing treatment, including tobacco, if necessary;
 - (ii) Patient bio-psychosocial problems;
 - (iii) Treatment goals;

- (iv) Estimated dates or conditions for completion of each treatment goal;
and
- (v) Approaches to resolve the problem.
- (c) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.
- (d) Document that the plan has been reviewed with the individual.

WAC 388-877B0430 Opiate substitution treatment services—Additional assessment standards.

An individual must have a chemical dependency assessment before receiving opiate substitution treatment services. The purpose of the assessment is to gather information to determine if a substance disorder exists and if there are services available to address individual's needs. In addition to the assessment requirements of WAC 388-877-0610, the assessment must include:

- (1) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:
 - (a) A history of the individual's involvement with alcohol and other drugs, to include:
 - (i) The type of substances used;
 - (ii) The route of administration; and
 - (iii) The amount, frequency, and duration of use.
 - (b) A history of alcohol or other drug treatment or education.
 - (c) The individual's self-assessment of use of alcohol and other drugs.
 - (d) A history of relapse.
 - (e) A history of self-harm.
 - (f) A history of legal involvement.
 - (g) A statement regarding the provision of an HIV/AIDS brief risk screen, and any referral made.
- (2) A diagnostic assessment statement, including sufficient information to determine the individual's diagnosis using the:
 - (a) Diagnostic and Statistical Manual (DMS IV TR, 2000) as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
 - (c) A placement decision, using patient placement criteria (PPC) dimensions when the assessment indicates the individual is in need of services.
 - (d) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If the individual was not notified of the results and advised of referral options, the reason must be documented.

(e) The additional requirements for DUI assessment providers in WAC 388-805-810 if the agency is providing services to an individual under RCW 46.61.5056.

(f) When assessing youth, documented attempts to obtain the following information:

(e) Parental and sibling use of alcohol and other drugs.

(g) A history of school assessments for learning disabilities or other problems which may affect ability to understand written materials.

(h) Past and present parent/guardian custodial status, including running away and out-of-home placements.

(i) A history of emotional or psychological problems.

(j) A history of child or adolescent developmental problems.

(k) Ability of the youth's parent(s) or if applicable, legal guardian, to participate in treatment.

WAC 388-877B-0440 Opiate substitution treatment services—Program physician responsibility.

An agency providing opiate substitution treatment services must ensure the program physician, or the medical practitioner under supervision of the program physician, performs and meets the following:

- (1) The program physician or medical practitioner under supervision of the program physician:
 - (a) Is responsible to ensure an individual is currently addicted to an opioid drug and that the person became addicted at least twelve months before admission to treatment.
 - (b) May waive the twelve month requirement in (a) of this subsection upon receiving documentation that the individual:
 - (i) Was released from a penal institution, if the release was within the previous six months;
 - (ii) Is pregnant; or
 - (iii) Was previously treated within the previous twenty-four months.
- (2) A physical evaluation must be completed on the individual before admission that includes the determination of opiate physical addiction, and an assessment for appropriateness for Sunday and holiday take-home medication.
- (3) A review must be completed of the department of health prescription drug monitoring program data on the individual:
 - (a) At admission;
 - (b) Annually after the date of admission; and
 - (c) Subsequent to any incidents of concern.
- (4) All relevant facts concerning the use of the opioid drug must be clearly and adequately explained to each individual.
- (5) Current written and verbal information must be provided to pregnant individuals, before the initial prescribed dosage regarding:
 - (a) The concerns of possible addiction, health risks, and benefits the opiate substitution medication may have on the individual and the fetus.

- (b) The risk of not initiating opiate substitution medication on the individual and the fetus.
- (c) Referral options to address neonatal oabstinency syndrome for the baby.
- (6) Each individual voluntarily choosing to receive maintenance treatment must sign an informed consent to treatment.
- (7) Within fourteen days of admission, a medical examination must be completed that includes:
 - (a) Documentation of the results of serology and other tests; and
 - (b) An assessment for the appropriateness of take-home medications.
- (8) When exceptional circumstances exist for an individual to be enrolled with more than one opiate substitution treatment agency, justification granting permission must be documented in the individual's clinical record at each agency.
- (9) Each individual admitted to detoxification services must have an approved detoxification schedule that is medically appropriate.
- (10) Each individual administratively discharged from services must have an approved detoxification schedule that is medically appropriate.
- (11) An assessment for other forms of treatment is completed for each individual who has two or more unsuccessful detoxification episodes within twelve consecutive months.
- (12) An annual medical examination must be completed on each individual that includes the individual's overall physical condition and response to medication.

WAC 388-877B-0450 Opiate substitution treatment services—Medication management.

An agency providing opiate substitution treatment services must ensure the medication management requirements in this section are met.

- (1) An agency:
 - (a) Must use only those opioid agonist treatment medications that are approved the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid addiction.
 - (b) Providing opiate substitution treatment that is fully compliant with the procedures of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of opioid addiction. The following opioid agonist treatment medications are approved by the Food and Drug Administration for use in the treatment of opioid addiction:
 - (i)Methadone; and
 - (ii)Buprenorphine.
- (2) An agency providing opiate substitution treatment must ensure that initial dosing requirements are met as follows:
 - (a) Methadone must be administered or dispensed only in oral form and is formulated in such a way as to reduce its potential for parenteral abuse.

- (b) The initial dose of methadone must not exceed thirty milligrams and the total dose for the first day must not exceed forty milligrams, unless the program physician documents in the individual's record that forty milligrams did not suppress opiate abstinence symptoms.
- (c) The establishment of the initial dose must consider:
 - (i) Signs and symptoms of withdrawal;
 - (ii) Individual comfort; and
 - (iii) Side effects from over medication.
- (3) An agency providing opiate substitution treatment must ensure that:
 - (a) Each opioid agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling.
 - (b) All dosing and administration decisions are made by a :
 - (i) Program physician;
 - (ii) Medical practitioner under supervision of a program physician; or
 - (iii) Medical practitioner under supervision of a program physician familiar with the most up-to-date product labeling.
 - (c) Any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the individual's record.
- (4) An agency providing opiate substitution treatment must ensure that all take-home medications are:
 - (a) Consistent with 42 CFR Part 8.12(i)(10-5) and are authorized only to stable individuals who:
 - (i) Have received opiate substitution treatment medication for a minimum of ninety days; and
 - (ii) Have not had any positive drug screens in the last sixty days.
 - (b) Assessed and authorized, as appropriate, for a Sunday or legal holiday as identified in RCW 1.16.050.
 - (c) Assessed and authorized, as appropriate, when travel to the facility presents a safety risk for an individual or staff member due to inclement weather.
 - (d) Not allowed in short-term detoxification or interim maintenance treatment.
- (5) All exceptions to take-home requirements must be submitted and approved by the state opioid treatment authority and SAMHSA.

CHEMICAL DEPENDENCY--ASSESSMENT ONLY

WAC 388-877B-0500 Assessment only services—General.

The rules in WAC 388-877B-0500 through 388-877B-0550 apply to behavioral health agencies that provide assessment only services. The definitions in WAC 388-877-0200 also apply to chemical dependency assessment only services.

- (1) Chemical dependency assessment services are provided to an individual to determine the individual's involvement with alcohol and other drugs and determine the appropriate course of care or referral.
- (2) An agency providing assessment services to an individual must:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Meet the applicable behavioral health agency licensure, certification, administrative, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (c) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Program-specific requirements in WAC 388-877B-0500 through 388-877B-0550.
- (3) An agency providing assessment services:
 - (a) Must review, evaluate, and document information provided by the individual;
 - (b) May include information from external sources such as family, support individuals, legal entities, courts, and employers; and
 - (c) Is not required to meet the individual service plan requirements in WAC 388-877-0620.
- (4) An agency must maintain and provide a list of resources, including self-help groups, and referral options that can be used by staff members to refer an individual to appropriate services.
- (5) An agency providing ADATSA and DUI assessment services must meet the additional standards in WAC 388-877B-0550.

WAC 388-877B-0510 Assessment only services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing assessment services must ensure:

- (1) All chemical dependency assessment services are provided by a chemical dependency professional (CDP).
- (2) There is a designated clinical supervisor who:
 - (a) Is a CDP;
 - (b) Has documented competency in clinical supervision; and
 - (c) Is responsible for monitoring the continued competency of each CDP. The monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP.
- (3) Each staff member that provides individual care has a copy of an initial tuberculosis (TB) screen or test and any subsequent screening or testing in their personnel file.
- (4) All staff members are provided annual training on the prevention and control of communicable disease, blood borne pathogens, and TB. The training must be documented in the personnel file.

WAC 388-877B-0530 Assessment only services—Additional assessment standards.

An individual must have an assessment before receiving chemical dependency treatment services. The purpose of the assessment is to gather information to determine if a substance use disorder exists and if there are services available to address the individual's needs. In addition to the assessment requirements in WAC 388-877-0610, the assessment must include:

- (1) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:
 - (a) A history of the individual's involvement with alcohol and other drugs, including:
 - (i) The type of substances used, including tobacco;
 - (ii) The route of administration;
 - (iii) The amount, frequency, and duration of use.
 - (b) A history of alcohol or other drug treatment or education.
 - (c) The individual self-assessment of use of alcohol and other drugs.
 - (d) A history of relapse.
 - (e) A history of self-harm.
 - (f) A history of legal involvement.
 - (g) A statement regarding the provision of an HIV/AIDS brief risk screen, and any referral made.
- (2) A diagnostic assessment statement, including sufficient information to determine the individual's diagnosis using the:
 - (a) Diagnostic and Statistical Manual (DSM IV TR, 2000), as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
- (3) A placement decision, using patient placement criteria (PPC) dimensions when the assessment indicates the individual is in need of services.
- (4) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If the individual was not notified of the results and advised of referral options, the reason must be documented.
- (5) Documented attempts to obtain the following information when assessing youth:
 - (a) Parental and sibling use of alcohol and other drugs.
 - (b) A history of school assessments for learning disabilities or other problems which may affect ability to understand written materials.
 - (c) Past and present parent/guardian custodial status, including running away and out-of-home placements.
 - (d) A history of emotional or psychological problems.
 - (e) A history of child or adolescent developmental problems.
 - (f) Ability of the youth's parent(s) or if applicable, legal guardian, to participate in treatment.

WAC 388-877B-0540 Assessment only services—Noncompliance reporting requirements.

An agency providing chemical dependency assessment services must report noncompliance in all levels of care for an individual ordered into chemical dependency treatment by a court or other appropriate jurisdiction(s). An agency that fails to report noncompliance for an individual under RCW 46.61 is subject to penalties as stated in RCW 46.61.5056(4). An agency providing treatment to an individual mandated by a court to treatment, including deferred prosecution, must develop procedures addressing individual noncompliance and reporting requirements, including:

- (1) Completing an authorization to release confidential information form that meets the requirements of 42 CFR Part 2 and 45 CFR Parts 160 and 164 or through a court order authorizing the disclosure under the requirements of 42 CFR Part 2, Section 2.63 through 2.67.
- (2) Notifying the designated chemical dependency specialist within three working days from obtaining information of any violation of the terms of the court order for purposes of revoking the individual's conditional release, if the individual is under department of correction supervision.
- (3) Reporting and recommending action for emergency noncompliance to the court or other appropriate jurisdiction(s) within three working days from obtaining information on:
 - (a) An individual's failure to maintain abstinence from alcohol and other nonprescribed drugs as verified by individual's self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test.
 - (b) An individual's departure report of subsequent alcohol and/or drug related request. An individual leaving the program against program advice.
 - (c) An individual discharged for rule violation.
- (4) Reporting and recommending action for nonemergent, noncompliance to the court or other appropriate jurisdiction(s) within ten working days from the end of each reporting period, upon obtaining information on:
 - (a) An individual's unexcused absences or failure to report, including failure to attend mandatory self-help groups.
 - (b) An individual's failure to make acceptable progress in any part of the treatment plan.
- (5) Transmitting noncompliance or other significant changes as soon as possible, but no longer than ten working days from the date of the noncompliance, when the court does not wish to receive monthly reports.
- (6) Reporting compliance status of persons convicted under RCW 46.61 to the department of licensing.

WAC 388-877B-0550 Assessment only services—Additional standards for DUI assessment services.

Driving under the influence (DUI) assessments are diagnostic services requested by a court to determine an individual's involvement with alcohol and other drugs and to recommend a course of action. An agency providing DUI assessment services, as defined in RCW 46.61, must ensure:

- (1) The assessment is conducted in person.
- (2) The individual has a summary included in the assessment that evaluates the individual's:
 - (a) Blood or breath alcohol level and other drug levels, or documentation of the individual's refusal at the time of the arrest, if available; and
 - (b) Self-reported driving record and the abstract of the individual's legal driving record.
- (3) That when the assessment findings do not result in a substance use disorder diagnosis, the assessment also includes:
 - (a) A copy of the police report;
 - (b) A copy of the court originated criminal case history; and
 - (c) The results of a urine analysis (UA) or drug testing obtained at the time of the assessment.
- (4) That the assessment contains documentation of the attempts to obtain the information in (3) of this section if it is not readily available.
- (5) The assessment includes a referral to alcohol and drug information school.

CHEMICAL DEPENDENCY--INFORMATION AND ASSISTANCE SERVICES

WAC 388-877B-0600 Information and assistance services—General.

The rules in WAC 388-877B-0600 through 388-877B-0660 apply to behavioral health agencies that provide chemical dependency information and assistance services. The definitions in WAC 388-877-0200 also apply to chemical dependency information and assistance services.

- (1) Information and assistance services are considered nontreatment services provided to support an individual who has a need for interventions related to the use of alcohol and/or other drugs.
- (2) Information and assistance services certified by the department include:
 - (a) Alcohol and drug information school (see WAC 388-877B-0630);
 - (b) Information and crisis services (see WAC 388-877B-0640);
 - (c) Emergency service patrol (see WAC 388-877B-0650); and
 - (d) Screening and brief intervention (see WAC 388-877B-0660).
- (3) An agency providing information and assistance services to an individual must:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Meet the applicable behavioral health agency licensure, certification, administrative, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (c) Have policies and procedures to support and implement the:

- (i) General requirements in chapter 388-877 WAC; and
 - (ii) Program- specific requirements in WAC 388-877B-0600 through 388-877B-0660.
- (d) Chemical dependency information and assistance services are available without an initial assessment or individual service plan and are not required to meet the requirements under WAC 388-877-0640.
- (4) An agency providing information and assistance services must maintain and provide a list of resources, including self-help groups and referral options, that can be used by staff members to refer an individual to appropriate services.

WAC 388-877B-0610 Information and assistance services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing information and assistance services must ensure each staff member:

- (1) Is provided annual training on the prevention and control of communicable disease, blood borne pathogens and tuberculosis (TB). The training must be documented in the personnel file.
- (2) Who provides individual care has a copy of an initial TB screen or test and any subsequent screening or testing in their personnel file.

WAC 388-877B-0630 Information and assistance services—Alcohol and drug information school.

Alcohol and drug information school is an educational program about the use and abuse of alcohol and other drugs. This service is for an individual referred by a court or other jurisdiction(s) who may have been assessed and determined not to require treatment. An agency providing alcohol and drug information school services must:

- (1) Ensure courses are taught by a certified information school instructor or a chemical dependency professional (CDP) who:
 - (a) At the time of enrollment, informs each student of the course fees.
 - (b) Advises each student there is no assumption the student has a substance use disorder, and that the course is not a therapy session.
 - (c) Discusses the class rules.
 - (d) Reviews the course objectives.
 - (e) Follows a department-approved curriculum.
 - (f) Ensures each course has no fewer than eight and no more than fifteen hours of classroom instruction.
 - (g) Ensures adequate and comfortable seating in a well-lit and ventilated room.
 - (h) Administers each enrolled student the post-test for each course after the course is completed.
- (2) Ensure a school instructor who is not a CDP:

- (a) Has a certificate of completion of an alcohol and other drug information school instructor's training course approved by the department, and the personnel file contains documentation of the training.
- (b) Maintains school instructor status by completing fifteen clock hours of continuing education. The fifteen hours of continuing education must:
 - (i) Occur during each two-year period beginning January of the year following the instructor's initial qualification; and
 - (ii) Be in subject areas that increase knowledge and skills in training, teaching techniques, curriculum planning and development, presentation of educational material, laws and rules, and developments in the chemical dependency field.
- (3) Ensure each individual student record contains:
 - (a) An intake form, including demographics;
 - (b) The hours of attendance, including dates;
 - (c) The source of the student's referral;
 - (d) A copy of all reports, assessments, letters, certificates, and other correspondence to the courts and the department of licensing, including noncompliance reporting under chapter 46.61 RCW;
 - (e) A record of any referrals made; and
 - (f) A copy of the scored post-test.

WAC 388-877B-0640 Information and assistance services—Information and crisis services.

Information and crisis services provide an individual assistance or guidance related to the abuse of addictive substances, twenty-four-hours-a-day by telephone or in-person. An agency providing information and crisis services must:

- (1) Have services available twenty-four-hours-a-day, seven-days-a-week.
- (2) Ensure each staff member completes forty hours of training that covers the following areas before assigning the staff member unsupervised duties:
 - (a) Chemical dependency crisis intervention techniques; and
 - (b) Alcoholism and drug abuse.
- (3) Ensure a chemical dependency professional (CD), or a CDP trainee (CDPT) under supervision of a CDP, is available or on staff twenty-four-hours-a-day.
- (4) Have a least one approved supervisor that meets the qualifications in WAC 246-811-049, if services are provided by a CDPT or other certified or licensed counselor in training to become a CDP. The supervisor must decrease the number of individual contact hours for each full-time CDPT under their supervision.
- (5) Maintain a current directory of all certified chemical dependency service providers in the state.
- (6) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services.
- (7) Maintain records of each individual contact, including:
 - (a) The name, age, sex, and ethnic background of the individual.
 - (b) The presenting problem.

- (c) The outcome.
- (d) A record of any referral made.
- (e) The signature of the person handling the case.

WAC 388-877B-0650 Information and assistance services—Emergency service patrol.

Emergency service patrol provides transport assistance to an intoxicated individual in a public place when a request has been received from police, merchants, or other persons. An agency providing emergency service patrol must:

- (1) Ensure the staff member providing the service:
 - (a) Has proof of a valid Washington state driver's license.
 - (b) Possesses annually updated verification of first-aid and cardiopulmonary resuscitation training.
 - (c) Has completed forty hours of training in chemical dependency crisis intervention techniques and alcoholism and drug abuse, to improve skills in handling crisis situations.
- (2) Respond to calls from police, merchants, and other persons for assistance with an intoxicated individual in a public place.
- (3) Patrol assigned areas and give assistance to an individual intoxicated in a public place.
- (4) Conduct a preliminary screening of an individual's condition related to the state of their impairment and presence of a physical condition needing medical attention.
- (5) Transport the individual to their home or shelter, to a certified treatment provider, or a health care facility if the individual is intoxicated, but subdued and willing to be transported.
- (6) Make reasonable efforts to take the individual into protective custody and transport the individual to an appropriate treatment or health care facility, when the individual is incapacitated, unconscious, or has threatened or inflicted harm on another person.
- (7) Call law enforcement for medical assistance if the individual is unwilling to be taken into protective custody.
- (8) Maintain a log, including:
 - (a) The date, time and origin of each call received for assistance.
 - (b) The time of arrival at the scene.
 - (c) The location of the individual at the time of the assist.
 - (d) The name and sex of the individual transported.
 - (e) The results of the preliminary screening.
 - (f) The destination and address of the transport and time of arrival.
 - (g) In case of non-pickup of a person, documentation of why the pickup did not occur.

WAC 388-877B-0660 Information and assistance services—Screening and brief intervention.

Screening and brief intervention is a combination of services designed to screen an individual for risk factors that appear to be related to alcohol and other drug use disorders, provide interventions, and make appropriate referral as needed. These services may be provided in a wide variety of settings. An agency providing screening and brief intervention services must:

- (1) Ensure services are provided by a chemical dependency professional (CDP), or another appropriately credentialed staff member.
- (2) Ensure each staff member completes forty hours of training that covers the following areas before assigning the staff member unsupervised duties;
 - (a) Chemical dependency screening and brief intervention techniques.
 - (b) Motivational interviewing; and
 - (c) Referral.
- (3) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services.
- (4) Ensure each individual's record contains:
 - (a) A copy of a referral.
 - (b) Demographic information.
 - (c) Documentation the individual was informed and received a copy of the requirements under 42 CFR Part 2.
 - (d) Documentation the individual received a copy of the counselor disclosure information.
 - (e) Documentation the individual received a copy of the individual rights.
 - (f) Authorization for the release of information.
 - (g) A copy of screening documents, including outcome and referrals.
 - (h) Progress notes summarizing any contact with the individual.

PROBLEM AND PATHOLOGICAL GAMBLING SERVICES

WAC 388-877C-0100 Problem and pathological gambling services—General.

The rules in WAC 388-877C-0100 through 388-877C-0130 apply to behavioral health agencies that provide problem and pathological gambling services. The definitions in WAC 388-877-0200 also apply to problem and pathological gambling services.

- (1) Problem and pathological gambling treatment services provide treatment to an individual that includes diagnostic screening and assessment, and individual, group, couples, and family counseling and case management.
- (2) An agency providing problem and pathological gambling treatment services must:
 - (a) Be licensed by the department as a behavioral health agency;
 - (b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC, Behavioral health services; and
 - (c) Have policies and procedures to support and implement the
 - (i) General requirements in chapter 388-877 WAC; and
 - (ii) Program-specific requirements in WAC 388-877C-0100 through 388-877C-0130.

- (3) An agency must use the following to make diagnosis, admission, and discharge planning decisions.
 - (a) Diagnostic and Statistical Manual (DMS IV TR, 2000) as it existed on the effective date of this section; then
 - (b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
- (4) An agency must have an outline of each education session included in the service that is sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor.
- (5) The agency must:
 - (a) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services.
 - (b) Screen for the prevention and control of tuberculosis (TB).
 - (c) Limit the size of group counseling sessions to no more than twelve individuals.
 - (d) Maintain a written procedure for the response to medical and psychiatric emergencies.
- (6) An agency must ensure that when offering off-site treatment:
 - (a) The agency maintains a current list of all locations where off-site services are provided including the name, address (except individual in-home services), primary purpose of the off-site location, level of services provided, and date the off-site services began at the off-site location.
 - (b) The agency maintains a written procedure of:
 - (i) How confidentiality will be maintained at each off-site location, including how confidential information and individual records will be transported between the certified facility and the off-site location.
 - (ii) How services will be offered in a manner that promotes individual and staff member safety.
 - (c) The agency is certified to provide the type of services offered at its main location.
 - (d) The problem and pathological gambling assessment and treatment services are not the primary purpose of the location where the individual is served, such as in a school, a hospital, or a correctional facility.
 - (e) Services are provided in a private, confidential setting within the off-site location.

WAC 388-877C-0110 Problem and pathological gambling services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing problem and pathological gambling services must ensure:

- (1) All problem and pathological gambling treatment services are provided by:
 - (a) An appropriately credentialed individual, licensed by the department of health (DOH) under chapter 18.225 or 18.83 RCW.
 - (b) A certified Washington state, national, or international gambling counselor who is credentialed by DOH under chapter 18.19, 18.225, or 18.83 RCW.
 - (c) An individual credentialed by DOH under chapter 18.19, 18.225, or 18.83 RCW, under the supervision of a certified problem gambling counselor, in training to become a certified problem gambling counselor.

- (2) Before providing problem and pathological treatment services, an individual in training to become a certified problem gambling counselor must have minimum of:
 - (a) At least one thousand five hundred of professionally supervised post-certification or post-registration experience providing mental health or chemical dependency treatment services; and
 - (b) Thirty hours of unduplicated gambling specific training, including the basic training. One of the following state, national, or international organizations must approve the training:
 - (i) Washington state gambling counselor certification committee;
 - (ii) National or international gambling counselor certification board; or
 - (iii) Department's division of behavioral health and recovery.
- (3) An individual who meets (2)(b) of this section must complete training to become a certified problem and pathological gambling counselor within two years of beginning problem and pathological gambling clinical practice.
- (4) All staff members in training to become a certified problem gambling counselor must receive clinical supervision. The clinical supervisor must:
 - (a) Hold a valid international gambling counselor certification board approved clinical consultant credential or a valid national certified gambling counsel II certification credential; and
 - (b) Complete training on gambling specific clinical supervision approved by a state, national, or international organization including, but not limited to, the:
 - (i) Washington state gambling counselor certification committee;
 - (ii) National or international gambling counselor certification board; or
 - (iii) Department's division of behavioral health and recovery.

WAC 388-877C-0120 Problem and pathological gambling services—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing problem and pathological gambling treatment services must maintain an individual's clinical record that contains:

- (1) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If the individual was not notified of the results and advised of referral options, the reason must be documented.
- (2) Documentation that each individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanctions.
- (3) Documentation that the individual service plan was completed before the individual received treatment services.
- (4) Documentation that the individual service plan was reviewed monthly.
- (5) Progress notes as events occur, which include the date, duration, and the individual's response to treatment.
- (6) Documentation of referrals made for specialized care or services.
- (7) Documentation that staff members met with each individual at the time of discharge, unless the individual left without notice, to:
 - (a) Determine the appropriate recommendation for care and finalize a continuing care plan.
 - (b) Assist the individual in making contact with necessary agencies or services.
 - (c) Provide and document the individual was provided with a copy of the plan.

- (8) Documentation that a discharge summary, including the date of discharge and a summary of the individual's progress towards each individual service plan goal, was completed within seven days of the individual's discharge.

WAC 388-877C-0130 Problem and pathological gambling services—Additional assessment standards.

An individual must have an assessment before receiving problem and pathological gambling services. The purpose of the assessment is to gather information to determine if a gambling disorder exists and if there are services available to address the individual's needs.

- (1) In addition to the assessment requirements in WAC 388-877-0610, the assessment must include:
- (a) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:
 - (i) Legal history, including arrests and convictions.
 - (ii) Medical and health history.
 - (iii) Family history describing family composition and dynamics.
 - (iv) Relationships and interaction with persons and groups outside the home.
 - (v) Suicidal or homicidal assessment, including current and past history.
 - (iv) Substance abuse history including:
 - (A) The type of substances used.
 - (B) The route of administration;
 - (C) The amount, frequency, and duration of use; and
 - (D) History of alcohol or other drug treatment or education.
 - (b) Vocational or employment status and history describing skills or trades learned, jobs held, duration of employment, and reasons for leaving.
 - (c) A financial evaluation and information, including current financial status, gambling debts, any previous bankruptcy or repayment plans, and insurance coverage.
 - (d) Problem gambling screens.
 - (e) A diagnostic assessment including sufficient data to determine a client diagnosis supported by the:
 - (i) Diagnostic and Statistical Manual (DSM IV TR, 2000) as it existed on the effective date of this section; then
 - (ii) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.
 - (f) The assessment must also include a family assessment when the individual is someone other than the problem or pathological gambler.

PROPOSED REPEALED CHAPTERS AND SECTIONS:

Chapter 388-805 WAC, Certification requirements for chemical dependency services providers.
Chapter 388-816 WAC. Certification requirements for problem and pathological gambling treatment programs.
WAC 388-865-0103 Fee requirements for mental health treatment programs.
WAC 388-865-0400 through 388-865-0484 in Chapter 388-865 WAC, Community Support Services Providers